

# **Tennessee's Youth in Juvenile Justice Facilities: Mental Health, Substance Abuse and Developmental Disability Issues**

*Report on a Survey of 40 Juvenile  
Justice Facilities Across Tennessee –  
Winter 2003*

*Juvenile Justice/Mental Health Work Group of the  
Criminal Justice/Mental Health Committee,  
Statewide Planning Council of the Tennessee  
Department of Mental Health and Developmental  
Disabilities*

*June 2004*

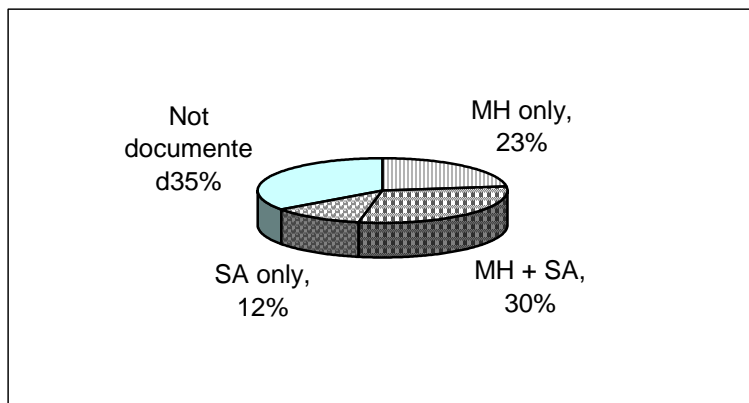
# Executive Summary

## *Tennessee's Youth in Juvenile Justice Facilities: Mental Health, Substance Abuse and Developmental Disability Issues*

In order to assess the prevalence of mental health, substance abuse and developmental disabilities among youth in juvenile justice facilities, a survey<sup>1</sup> was conducted of 40 facilities across the state of Tennessee.<sup>2</sup> A total of 1215 youth were being held in juvenile justice facilities across the state of Tennessee on the "one day census" that was taken as part of the survey. One quarter (27%) of these youth were being held prior to court decision (pre-adjudication) and three quarters (73%) were post-adjudication.

The survey documented many mental health and substance abuse issues:

- **Half (53%) of the youth in juvenile justice facilities were experiencing mental health (MH) problems.**
- **One of every seven youth (15%) was on some type of psychiatric medicine while in the juvenile justice facility.**
- **Two of every five youth (42%) were known to have substance abuse (SA) problems.**
- **Over one quarter (30%) of all youth in juvenile justice facilities had co-occurring mental health and substance use problems.**



- **The most frequent psychiatric diagnoses reported for youth in juvenile justice facilities were conduct disorder and depression.**

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<sup>1</sup> For more information on the survey, contact [liz.ledbetter@state.tn.us](mailto:liz.ledbetter@state.tn.us), or [c.heflinger@vanderbilt.edu](mailto:c.heflinger@vanderbilt.edu). See Appendix 2 for a copy of the survey.

<sup>2</sup> A listing of participating facilities is in Appendix 3.

**There is not a standardized or comprehensive method for identifying or providing services for youth with mental health, substance abuse, or developmental disabilities in the juvenile justice facilities across the state of Tennessee.** Some facilities, usually the larger urban facilities, had a more comprehensive assessment at intake that could identify problems and had resources – either within the facility or in the community—to work with these youth. However, many facilities across the state lacked needed resources.

**Community services:** While staff at the juvenile justice facilities were concerned that they did not have the level of training or services needed within their facilities to work with youth with mental health, substance abuse, or developmental disability problems, the most critical barriers reported were those in the community:

- Lack of appropriate treatment programs and placements available in the community, either to deter youth from entering the juvenile justice system or to provide treatment once youth have come into contact with juvenile justice. This is a particular problem for youth with complex/multiple problems, which is frequent for youth coming into the juvenile justice system.
- Barriers to services that may be available, including: payment/insurance sources, transportation, youth and family willingness to follow-up, lack of personnel to ensure follow-up.
- Increasing language barriers with growing numbers of Hispanic and Asian youth in Tennessee who come into contact with the juvenile justice system.

**The findings of this survey suggested recommendation in five areas:<sup>3</sup>**

1. **Joint planning and resources** are needed to: 1) prevent youth problems from becoming so severe that the youth appear in the juvenile justice system, and 2) serve youth within the juvenile justice system and 3) upon transition, serve youth to the community.
  - ⇒ The Governor's Children's Cabinet should examine this issue
  - ⇒ The Governor's Children's Cabinet should endorse a System of Care approach statewide as a public policy priority.
2. **Within the juvenile justice facilities**, three primary issues to be addressed are a) screening, b) education and training, and c) links with community agencies.
3. **Within communities**, outreach to this population and linkage with the courts and juvenile justice facilities is needed, at the time of first court appearance, referral and follow-up. Community involvement will need to include mental health, substance abuse, developmental disability, health, education, and child welfare service systems.
4. **TennCare** services need to be easily accessible to prevent acceleration of problem behavior and to enhance transition back to the community. Specific TennCare needs are a) links between the juvenile justice system and TennCare services, b) education on TennCare availability for pre-adjudicated youth, and c) rules to suspend, not terminate, TennCare eligibility for youth who are incarcerated.
5. **More information is needed to inform policy and service delivery planning** in a variety of areas.

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<sup>3</sup> See page 20 for detailed recommendations.

# Introduction

## *Tennessee's Youth in Juvenile Justice Facilities: Mental Health, Substance Abuse and Developmental Disability Issues*

### **Why was this report created and what does it contain?**

Over the past few years there has been increasing attention at both the national and state level to the mental health needs of youth involved in the juvenile justice system. Many factors have contributed to this attention, including increased documentation of the mental health needs of juvenile offenders, overrepresentation of minorities in confinement and increased reliance on the juvenile justice system to address mental health and substance abuse issues.<sup>4</sup> Although exact numbers are unclear, the prevalence of mental health disorders in the juvenile justice population is estimated to be significantly higher than the general population, with a conservative estimate that one out of every five youth in the juvenile justice system has serious mental health problems.

In addition to mental health problems, many youth in the juvenile justice system present with substance abuse problems. Often, these substance abuse problems co-occur with some other mental health problem. While concerns have been raised about the incidence and prevalence of certain conditions within the juvenile justice system, advocates are apprehensive as to whether the system is adequately prepared to address the needs of the young people being served by the juvenile justice system.

A recent study of juvenile offenders (status or delinquent) referred to any of the 98 courts in Tennessee<sup>5</sup> finds that about 7% are referred either to mental health or substance abuse services by the court. This rate of treatment referral is substantially lower than even conservative estimates of service need.<sup>6</sup> This finding suggests the juvenile court system, among other child-serving systems, is missing an opportunity to identify and respond to the service needs of youth before they become even more intractable.

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<sup>4</sup> See Appendix 6 for a listing of relevant published information.

<sup>5</sup> Breda, C. (2003, April). *The Tennessee Juvenile Court Survey: Summary of Findings*. Nashville, TN: Vanderbilt Institute for Public Policy Studies.

<sup>6</sup> See Otto, Greenstein, Johnson, & Friedman (1992), listed in Appendix 6.

**The purpose of this report** is to look at mental health and substance abuse issues of youth held within secure facilities across the state of Tennessee. Information is provided on:

- Prevalence issues: approximately how many youth in juvenile justice facilities have mental health, substance abuse, or developmental disability problems?
- Resources available within the facilities: How are youth with special needs identified and what related resources are available?

This report follows recent work examining the prevalence of mental health and substance abuse problems within Tennessee's adult jails.<sup>7</sup>

The Juvenile Justice/Mental Health Work Group was formed by the Criminal Justice/Mental Health (CJMH) Committee of the Statewide Planning Council of the Tennessee Department of Mental Health and Developmental Disabilities in order to examine mental health, substance abuse and developmental disabilities for youth in the juvenile justice system. The CJMH Committee had recently undertaken a survey of adult jails and mental health issues, and similar information was needed to improve services for youth. A list of participating Work Group members is included in Appendix 1.

### **What information was used to create this report?**

This report was generated from information from a survey administered at juvenile justice facilities across the state of Tennessee.<sup>8</sup> First, a comprehensive list of facilities and contacts was developed. Next, a letter was sent to each facility from Commissioner Virginia Trotter Betts of the Tennessee Department of Mental Health and Developmental Disabilities explaining the survey and asking for their participation. Finally, following training on standardized survey administration, committee members and their agency staff contacted each of the facility administrators and arranged a specific date during October – December 2003 to conduct the survey (see Appendix 2 for a copy of the survey).

The survey had sixteen questions focused on facility procedures for identifying and serving youth with mental health, substance abuse or developmental disability problems. The second section of the survey was a "one day census"<sup>9</sup> that recorded information about all the youth in a specific facility on their chosen day. This method provides a cross-sectional view of the needs of Tennessee youth across the state in a range of juvenile justice facilities.

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<sup>7</sup> The 2003 report on A Survey of County Jails in Tennessee is available at <http://www.state.tn.us/mental/publications/jailsurveyreport.pdf>.

The See 2001 Criminal Justice/Mental Health Task Force 2001 report is available at <http://www.state.tn.us/mental/mhs/CJTFRptJan2001.pdf>

<sup>8</sup> See details in the following section and Table 1.

<sup>9</sup> See page 14 below.

# Tennessee's Juvenile Justice Facilities

## *Facilities Serving Youth with Juvenile Justice Involvement*

### **What are juvenile justice facilities?**

Several types of facilities used in Tennessee to serve youth involved with the juvenile justice system were included in this survey. Juvenile Detention Centers (JDCs) are operated by county governments and while all except the Upper East facility are affiliated with one county, some also contract with smaller counties to house their youth. Temporary Holding Resources (THRs) are usually county facilities that agree to serve youth on an as-needed basis in counties where there is no JDC and the need for youth detention is not regular. The Youth Correctional Facilities (YCFs) are usually operated by governmental agencies to serve and treat youth who have been adjudicated and are serving a sentence. This includes one adult prison that has a unit specifically for youth under age 21. Similarly, governmental agencies also contract with other public and private agencies (Others) to house youth who are not suitable for the YCFs but need a secure placement. The final type of facility included is not a formal juvenile justice facility but one involved in the juvenile justice system by housing youth as they conduct Juvenile Court Commitment Orders (JCCO), usually at the Regional Mental Health Institutes (RMHI) operated by the state Department of Mental Health and Developmental Disabilities and also its contractors.<sup>10</sup> All these facilities are hardware secure and serve youth with juvenile justice involvement, either pre- or post-adjudication.

It should be noted that other facilities also serve youth with criminal justice involvement, such as several of the jails across the state of Tennessee that hold youth awaiting trial on adult charges. These facilities were not included in this survey. Tennessee's jails for adults were the focus of a previous, comprehensive study of those facilities, again with a focus on individuals with mental health and substance abuse problems.<sup>11</sup>

Table 1 shows the types of juvenile justice facilities and the numbers of those who participated in the survey. Overall, 44 facilities were identified and contacted about participating in this voluntary survey. Forty (40) of the facilities, including all the JDCs, YCFs and JCCO/RMHIs, participated in the survey.<sup>12</sup> Figure 1 shows the locations of these facilities across the state of Tennessee by county. Figure 2 shows location by mental health region.<sup>13</sup>

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<sup>10</sup> The RMHI facilities are locked units that also provide acute inpatient hospitalization and treatment services for children and youth who are admitted under statutes: Title 33, Chapter 6, Part 1 (voluntary), Part 4 (emergency involuntary) and Part 5 (indefinite involuntary), Tenn. Code Ann.

<sup>11</sup> See footnote 8 above.

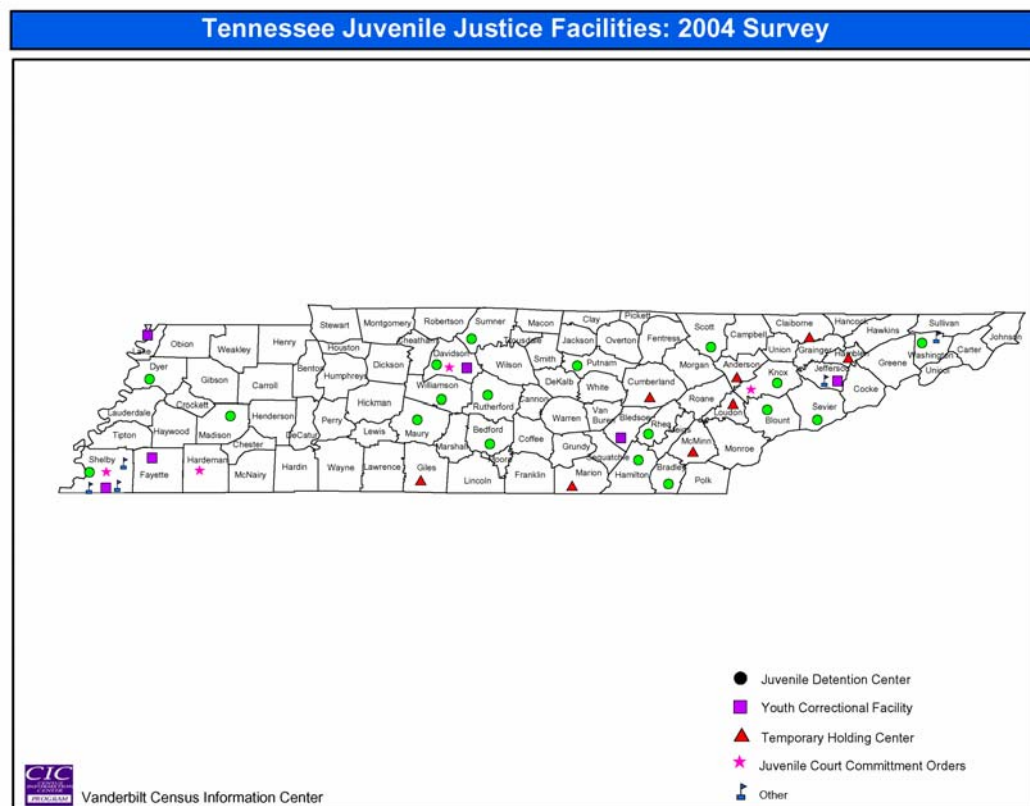
<sup>12</sup> See Appendix 3 for a list of participating juvenile justice facilities.

<sup>13</sup> These are the 7 regions used for planning by the Tennessee Department of Mental Health and Developmental Disabilities (TDMHDD).

**Table 1: Number and Types of Tennessee Juvenile Justice Facilities<sup>14</sup>**

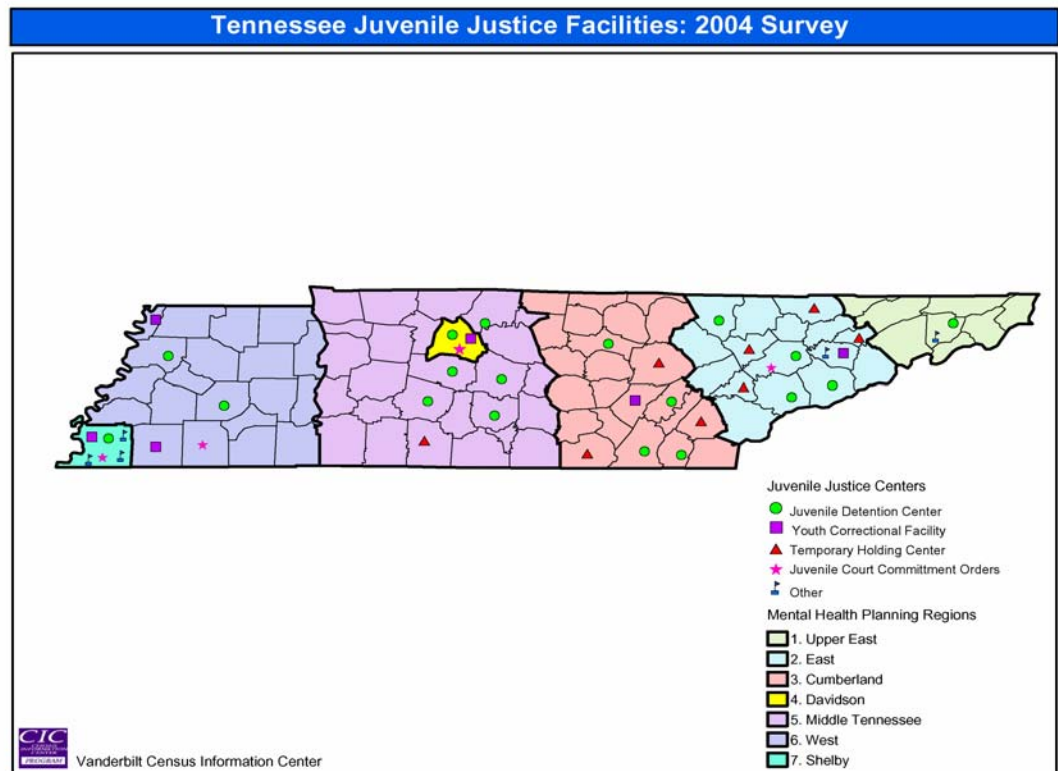
Type	Number Across the State	Number Participating	Example
JDC	18	18	Bedford County JDC
THR	9	8	Anderson County THR
YCF	6	6	Mountain View Youth Development Center
JCCO/RMHI	5	4	Middle Tennessee Mental Health Institute
Others	6	4	Observation and Assessment Center
<b>Total</b>	<b>44</b>	<b>40</b>	

**Figure 1: Juvenile Justice Facilities Participating in Survey by County**



<sup>14</sup> See Appendix 3 for a listing of all of the participating facilities.

**Figure 2: Juvenile Justice Facilities Participating in Survey by Mental Health Region**



Tennessee's major metropolitan areas (Shelby, Davidson, Hamilton, Knox Counties) are those with the most concentrated number of facilities. While JDCs are located throughout the state, the smallest and least populated counties have either a THR (mostly in the eastern part of the state) or no facility, contracting with other counties to provide this service when needed. The YCFs, JCCO/RMHIs, and Other contractors typically serve youth from their region and across the state, not just the youth in the county where they are located.

### **How are youth with mental health, substance abuse, and/or developmental disabilities identified or provided services within juvenile justice facilities?**

There is not a standardized method for identifying or providing services for youth with mental health, substance abuse, or developmental disabilities in the juvenile justice facilities across the state of Tennessee. Some facilities, usually the larger urban facilities, had a more comprehensive assessment at intake that could identify problems and had resources -- either within the facility or in the community -- to work with these youth. However, many facilities across the state lacked needed resources. The next sections provide detailed information on screening, staff training and services.

## What information on mental health, substance use and development disabilities is collected at intake at Tennessee juvenile justice facilities?

In order to assess the needs of youth as they are being admitted to the juvenile justice facilities, each facility has developed its own packet of intake material. Table 2 shows the type of information included in screening/intake forms by type of facility:

**Table 2: Type of Screening/Intake Information by Facility Type**

	JDC	THR	YCF	JCCO/ RMHI	Other	Total
Prior mental health problems, including depression & anxiety	83%	38%	100%	100%	100%	80%
Prior mental health service use	72%	38%	100%	100%	100%	75%
Current mental health problems, including depression & anxiety	83%	38%	100%	100%	100%	80%
Current mental health service use	67%	38%	100%	100%	100%	73%
Suicide risk and /or suicidal history	89%	75%	100%	100%	100%	90%
Medical history	100%	100%	100%	100%	100%	100%
Substance abuse	89%	75%	100%	100%	100%	90%
Medication needs	100%	100%	100%	100%	100%	100%
Evidence of physical or sexual abuse	83%	75%	83%	100%	75%	83%
Family psychiatric history	29%	13%	83%	100%	100%	49%
School functioning	67%	63%	100%	100%	100%	78%
History or need for special education	78%	63%	100%	100%	100%	83%
Mental retardation or developmental disabilities	67%	13%	83%	100%	100%	65%
How many facilities had 12 or 13 of the 13 issues in the intake?	57%	0%	83%	100%	100%	81%

Overall, all the facilities asked about medical history and medication needs. Most (80-90%) of the facilities asked about mental health problems, including suicide, substance abuse, sexual abuse, and special education. All the JCCO/RMHIs and all the Other facilities included at least 12 of the 13 screening issues in their intake information. The THRs were the facilities that asked the least amount of background information at screening/intake, where not one of the facilities included all the issues at their intake.

### What services are offered within Tennessee juvenile justice facilities?

Facilities were asked what types of services were provided, whether by their own staff or by outside contractors or volunteers. This information is presented in Table 3. Several facilities pointed out that the JDCs and THRs are primarily for pre-adjudicated youth and see their mission as holding youth safely until the court makes a decision; thus, they do not view themselves as treatment facilities. However, many related services are available within most facilities, especially those with post-adjudicated youth (YCFs and Others). The most frequently offered services were crisis intervention and evaluation/assessment. This varied, however, by facility type.

**Table 3: Type of Services Offered Within the Facility**

	JDC	THR	YCF	JCCO/ RMHI	Other	Total
Crisis Intervention	94%	88%	100%	100%	75%	93%
Evaluation and Assessment	89%	75%	100%	100%	100%	90%
GED classes	50%	38%	100%	100%	100%	65%
Planned Parenthood/ Pregnancy Prevention	28%	13%	33%	25%	25%	25%
Mental Health Counseling	61%	63%	100%	100%	75%	73%
Alcohol Abuse Counseling	56%	63%	83%	50%	50%	60%
Drug Abuse Counseling	56%	63%	83%	50%	75%	63%
Pastoral Counseling	100%	50%	83%	75%	75%	83%
Boy Scouts/Girl Scouts	17%	13%	17%	25%	0%	15%
Medication Evaluation	72%	38%	100%	100%	100%	75%
Physical (or Medical) Evaluation	72%	50%	100%	100%	100%	83%
Special Education Services	78%	63%	100%	100%	100%	83%
Regular Education Services	75%	50%	100%	100%	100%	80%
Vocational/Pre-vocational Training	17%	13%	83%	25%	25%	27%

The prescription, administration and purchase of medication is also an issue within the juvenile justice facilities across the state. As discussed in the next section about youth, 15% (one in 7 of all youth) are taking some type of psychiatric medication while in the facility.

Half (53%) of the juvenile justice facilities have someone who works for the facility who prescribes medication for youth while in the facility. Of these facilities, only one third (38%) have a physician on staff, however, it is unknown if these are full- or part-time employees. The most frequent prescriber is a contract physician or psychiatrist (see Table 4).

**Table 4: Person Prescribing Medication Within the Facility**

	JDC	THR	YCF	JCCO/ RMHI	Other	Total
Facility MD	29%	0%	17%	100%	33%	38%
Facility Psychiatrist	0%	0%	0%	100%	33%	24%
Contract MD	86%	100%	67%	75%	67%	76%
Contract Psychiatrist	29%	100%	100%	50%	33%	57%
Nurse Practitioner	43%	0%	33%	25%	0%	29%
Community Mental Health Agency Staff	43%	0%	17%	0%	0%	19%
Youth's Personal MD	57%	100%	17%	50%	33%	43%
Other	14%	100%	0%	0%	0%	10%

The responsibility for purchasing medication for youth being held in juvenile justice facilities varies by the type of facility (see Table 5). YCFs, JCCO/RMHIs, and Other facilities all purchase medication as a facility. However, sometimes the youth's family also provides medication. The JDCs and THRs rely primarily on family members to purchase and bring needed medication for the youth while in the facility.

**Table 5: Responsibility for Purchasing Medication for Youth in the Facility**

	JDC	THR	YCF	JCCO/ RMHI	Other	Total
Family	89%	75%	0%	25%	50%	63%
Facility	44%	13%	100%	100%	100%	58%
Other (usually Facility LPN)	29%	13%	0%	0%	0%	16%

The purchase of medication for youth in juvenile justice facilities requires a substantial amount of facility resources. Although the JCCO/RMHI facilities serve the smallest number of youth, they spend the greatest amount per youth on medications, primarily psychiatric. They reported they spent an average of over \$600 per youth who took psychiatric medication, which accounted for 90% of their medication costs.<sup>15</sup> YCFs, since they have the highest number of youth at any point in time, reported the highest overall costs of medication, averaging \$8500 per month per facility. This amount varied greatly, ranging from a reported \$180 to \$14,000 per facility per month. The least amount spent was by JDCs, which also reported above that families primarily paid the medication costs for youth in their facilities.

<sup>15</sup> See Appendix 4, Facility Survey Results, Question 13a. for detailed information on medication costs reported.

### What type of training is available for staff who work at Tennessee juvenile justice facilities?

Almost all (93%) the facilities surveyed reported that they provided a training program for staff who worked in their facilities. When asked about specific issues included in training (see Table 6), the JDCs and THRs were the most likely to include a wide range of issues related to mental health, substance abuse, and developmental disabilities. Overall, suicide prevention and intervention was the mental health topic most often included in staff training. However, there were gaps in training for each of these issues within each type of facility. Developmental and learning disabilities were topics least likely addressed during staff training.

**Table 6: Issues Included in Staff Training**

	JDC	THR	YCF	JCCO/ RMHI	Other	Total
Mental health problems	100%	100%	67%	75%	67%	80%
Substance abuse problems	100%	100%	33%	75%	33%	67%
Developmental disabilities	100%	50%	33%	50%	33%	53%
Learning disabilities	67%	50%	33%	50%	33%	47%
Physical/sexual abuse	100%	100%	0%	75%	100%	73%
Suicide prevention/intervention	100%	100%	67%	75%	100%	87%
MH/Psychiatric meds	100%	50%	33%	75%	67%	67%
Crisis prevention/mgmt	100%	50%	33%	75%	100%	73%
Statutory (rules/regulations)	100%	50%	33%	50%	100%	71%

### What procedures and resources are in place for youth transitioning from the juvenile justice facilities to home or other placements?

Only one third of the facilities (38%) reported using a written discharge or transition/aftercare plan for youth. The JCCO/RMHIs all reported using a written discharge plan, corresponding with their responsibility to send a report with recommendations to the referring court/judge. Although the YCFs and Other facilities served youth with long stays (see the Youth section below), not all of them reported providing a written plan for services needed by the youth after discharge, likely because they were relying on the Permanency Plan by the Department of Children's Services that addresses transition back to the community.

**Table 7: Proportion of Facilities That Report Using a Written Discharge/Transition Plan**

JDC	THR	YCF	JCCO/ RMHI	Other	Total
17%	25%	50%	100%	75%	37.5%

Of the facilities that reported using a written discharge/transition plan, they reported the following staff were responsible for carrying out the plan:<sup>16</sup>

- 56% case manager, usually Department of Children's Services;
- 44% probation officer;
- 38% social worker;
- 35% youth services officer (YSO).

The JCCO/RMHIs and the Other contractors reported always linking youth to local treatment or supervision services after discharge (see Table 8). JDCs were the least likely to link youth, only one third, but often remarked that the judges and court staff, not the facility, were responsible for recommending and following up on treatment and supervision.

**Table 8: Proportion of Facilities That Report Linking Youth to Local Treatment or Supervision Services After Discharge**

JDC	THR	YCF	JCCO/ RMHI	Other	Total
33%	75%	67%	100%	100%	60%

### **What are the most pressing issues reported by juvenile justice facilities regarding youth with mental health, substance abuse, and developmental disability problems?**

Juvenile justice facility staff were asked several open-ended questions about youth with mental health, substance abuse, and/or developmental disabilities that may be admitted to their facilities. They expressed their opinions and concerns about both community and facility issues that can be summarized as follows:

- Overall, more community resources (outpatient, evaluation, support groups, inpatient/residential) are needed so that youth get treatment before problems get so serious they become involved with juvenile justice.
- The limitations of TennCare pose a problem when seeking mental health services for youth in juvenile justice facilities:
  - Youth/families have difficulty accessing TennCare services and this leads to them coming to court.
  - The interruption of TennCare (when you enter a juvenile justice facility) poses a problem for youth with mental health needs in juvenile justice facilities. There was much confusion about just when and what TennCare's role is for these youth: Different facilities and different mental health crisis teams that are called to the facilities have different understandings of just what the TennCare rules actually are about benefits for pre-adjudicated youth awaiting a court hearing.
- There is a need for better behavioral health evaluation upon entering the facilities.
- Juvenile Justice Personnel need appropriate training and education on co-occurring disorders in order to assure appropriate treatment.
- There is a need for access to additional behavioral health professionals within the juvenile justice facilities since so many youth have problems.

<sup>16</sup> This sums to greater than 100% since some facilities indicated more than one type of staff.

While staff at the juvenile justice facilities were concerned they did not have the level of training or services needed within their facilities to work with youth with mental health, substance abuse or developmental disability problems, the most critical barriers reported were those in the community:<sup>17</sup>

- Lack of appropriate treatment programs and placements available in the community, either to deter youth from entering the juvenile justice system or to provide treatment once youth have come into contact with juvenile justice. This is a particular problem for youth with complex/multiple problems, which is frequent for youth coming into the juvenile justice system.
- Barriers to services that may be available, including: payment/insurance sources, transportation, youth and family willingness to follow-up, lack of personnel to insure follow-up.
- Increasing language barriers with growing numbers of Hispanic and Asian youth in Tennessee who come into contact with the juvenile justice system.

These findings correspond to a report about the opinions of Tennessee juvenile court officials that mental health/substance abuse services in their communities for youth referred to them are “somewhat inadequate” and of “less than average quality.”<sup>18</sup> Results of that study indicated greater availability of resources (e.g., number of different types of services in the community) tended to increase the rate of service referral through the courts.

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<sup>17</sup> For a more comprehensive listing of concerns and barriers reported, see Appendix 4, Questions 6, 14, and 15.

<sup>18</sup> Breda, C. (February, 2003). *Final Report: Mental Health Services of Youthful Offenders*. And *Final Report to NIMH*. Nashville, TN: Vanderbilt Institute for Public Policy Studies.

# Youth Served in Tennessee's Juvenile Justice Facilities

## *Mental Health, Substance Abuse and Developmental Disability Issues*

### **How many youth were included in the survey?**

The survey took a “one day census” approach to capturing issues about the youth in juvenile justice facilities across the state of Tennessee. In this approach, the facility identified a recent typical or high census day (in the case of those with few youth on a regular basis) and for all youth in their facility on that day, provided basic descriptive information in addition to identification of mental health, substance abuse, and developmental disability problems (see Question 17 of the survey in Appendix 2). All facilities chose a day between mid-October and mid-December 2003 to complete their facility census.

As can be seen in Table 9, a total of 1215 youth were being held in juvenile justice facilities across the state of Tennessee. One quarter (27%) of these youth were being held prior to court decision (pre-adjudication) and three quarters (73%) were post-adjudication.

**Table 9: Number of Youth Reported in the “One Day Census” Taken Winter 2003  
in Type of Juvenile Justice Facility**

Type of Facility	Total Number of Youth in Census	Proportion of Pre-adjudication Youth	Proportion of Post-adjudication Youth	Average Number of Youth per Facility	Range per Facility
JDC	372	77%	23%	21	4-101
THR	24	67%	33%	4	0-7
YCF	687		100%	113	15-152
JCCO/RMHI	27	100%		7	2-12
Other	105		100%	26	13-35
<b>Total</b>	1215	27% (330)	73% (884)	30	0-152

On average, these youth had been held in a juvenile justice facility for over 3 months. This varied significantly by type of facility, and their status as pre- or post-adjudicated (see Table 10). Pre-adjudicated youth in the JDCs and THRs had been held in the facility, on average, less than 2 weeks. Pre-adjudicated youth in the JCCOs had been held an average of 3 weeks – the time allowed for a JCCO evaluation is up to 30 days. The post-adjudication youth in the YCFs and Other placements had been held in the facility several months.

**Table 10: Length of Stay (To Date of Census) by Type of Facility**

	Pre-Adjudication Youth	Post Adjudication Youth	Total
JDC	11 days	14 days	12 days
THR	1 day	17 days	9 days
YCF	--	172 days	172 days (5.7 months)
JCCO/RMHO	22 days	--	22 days
Other	--	95 days	95 days (3.1 months)
<b>Total</b>	12 days	147 days (4.9 months)	111 days (3.7 months)

These youth were primarily male (87% male, 13% female) (see Table 11) and averaged 16.2 years of age (range 10-17). It should be noted that while the JDCs, THRs, and RMHIs serve youth of both genders, many of the YCFs and other facilities are restricted to male-only or female-only.<sup>19</sup>

**Table 11: Gender and Age of Youth by Type of Facility**

	Male	Female	Average Age in Years	Range of Ages
JDC	82%	18%	15.6	10-18
THR	71%	29%	16.3	14-17
YCF	97%	3%	16.6	13-20
JCCO/RMHI	93%	7%	15.0	11-18
Other	44%	56%	15.5	12-18
<b>Total</b>	87%	13%	16.2	10-20

**Table 12: Race/Ethnicity of Youth by Type of Facility**

	African-American	White	Hispanic	Asian-American	Other
JDC	54%	42%	2%	1%	01%
THR	13%	87%	0%	0%	0%
YCF	57%	40%	2%	1%	1%
JCCO/RMHO	44%	52%	0%	0%	4%
Other	79%	20%	0%	0%	1%
<b>Total</b>	57% (690)	40% (483)	2% (18)	1% (10)	1% (14)

<sup>19</sup> See Appendix 3 for a list of facilities showing gender restrictions.

Of all the youth in the facilities, 40% were white and 60% were minority. See Table 12 for details. Overall, the youth in juvenile justice facilities were primarily African-American (57%) or White (40%), with very few youth of Hispanic or Asian-American origin.

These racial/ethnic proportions correspond with recent information (2002) reported by the Tennessee Council of Juvenile and Family Court Judges (TCJFCJ). Cases involving secure detention show 33% White, 66% African-American, and 1% other minorities. Cases resulting in confinement in secure correctional facilities show 47% White, 51% African-American, and 2% other minorities.

### **How many youth were experiencing mental health, substance abuse or developmental disability problems?**

- **Half (53%) of youth in juvenile justice facilities were experiencing mental health problems.**

To determine how many youth held in juvenile justice facilities were experiencing mental health problems, several questions were asked:

- Does the youth have a mental health problem? (23%)<sup>20</sup>
- Does the youth have a mental health diagnosis? (21%)<sup>21</sup>
- Is the youth taking psychiatric medication? (15%)<sup>22</sup>
- Has the youth been on suicide watch while at the facility? (6%)
- Has the youth received a mental health service while at the facility? (41%)

If any of these were endorsed, they were considered to have a mental health problem. Based on these criteria, half (53%) of all youth in juvenile justice facilities were experiencing known mental health problems.

Note, when juvenile justice facility staff were asked to identify youth who had mental health problems, they only reported 23% of the youth. Often, to answer this question the facility staff went to the intake paperwork, yet few of the facilities routinely asked about mental health problems during screening/intake (see Table 2 above). However, once other information available in the youth's facility record was taken into account (see the list above), this proportion rose to over half (53%) the youth who had mental health problems.

Table 13 shows the proportion of the mental health problem issues by facility type. The YCFs and Others showed similar levels of "probable mental health issues" for two-thirds of their youth. However, they had only identified about one quarter of them as having mental health problems (Reported MH, Table 13). The YCFs were providing mental health services to over half their youth, and the Others were reporting mental health diagnoses for over half their youth. The JCCO/RMHs reported the highest proportion of identified mental health problems in each of the categories, but the youth were at those

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<sup>20</sup> This information was usually identified on the screening/intake form for the purpose of this survey.

<sup>21</sup> Mental health diagnoses were identified by the survey analyst.

<sup>22</sup> From a list of all medications that the youth was taking while in the facility, the survey analysts identified those for psychiatric disorders.

facilities due to suspected mental health problems. The JDCs, YCFs and Others were initially identifying (Reported MH in Table 13) only about half their youth that had mental health problems (Probably MH in Table 13). The THR identified none of their youth as having any of the mental health problems. Recall from Table 2 above that the THR also had the lowest rate for including questions about mental health in their intake process.

**Table 13: Youth Mental Health Problems**

	Reported MH	Any MH diagnosis listed	Any MH Meds	Any MH service	Suicide Watch	Probable MH
JDC	13%	4%	7%	17%	2%	26%
THR	--	--	--	--	--	--
YCF	28%	23%	19%	59%	7%	66%
JCCO/RMHI	52%	60%	30%	56%	48%	63%
Other	26%	64%	19%	13%	5%	71%
<b>Total</b>	23% (281)	21% (253)	15% (185)	41% (501)	6% (73)	53% (644)

- **Two of every five youth (42%) in juvenile justice facilities were known to have substance abuse problems.**

To determine if a youth had substance abuse problems, several questions were asked:

- Does the youth have a substance problem? (37%)<sup>23</sup>
- Does the youth have a substance use diagnosis? (3%)<sup>24</sup>
- Has the youth received a substance abuse service? (26%)

If either of these were endorsed, a substance abuse problem was identified. Based on these criteria, two of every five youth (42%) in juvenile justice facilities were experiencing known mental health problems.

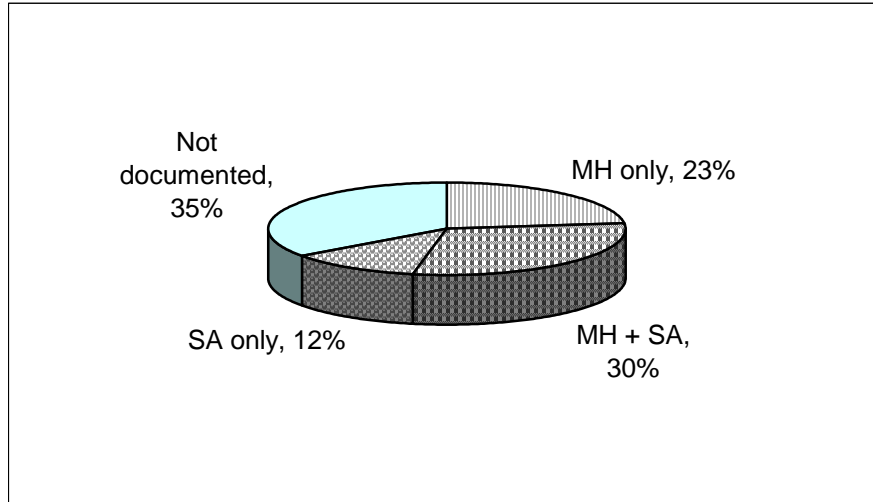
- **Over one quarter (30%) of all youth in juvenile justice facilities had co-occurring mental health and substance use problems.**

If a youth had both a mental health problem and a substance use problem, they were identified as having a co-occurring problem (see Figure 3).

The actual proportions of mental health and substance abuse problems are likely higher since some facilities did not systematically screen, especially for mental health issues (see Table 2). High proportions have also been found among delinquent youth in the annual CPORT study conducted by the Tennessee Commission on Children and Youth.

<sup>23</sup> This information was usually identified on the screening/intake form for the purpose of this survey.  
<sup>24</sup> Substance use diagnoses were identified by the survey analyst.

**Figure 3: Proportion of Youth in Juvenile Justice Facilities with Known Mental Health and/or Substance Abuse Problems**



**What types of mental health diagnoses were reported for those with a diagnosis?**

- **One in five (21%) of the youth in juvenile justice facilities were reported as having a formal mental health diagnosis.**

The highest proportion of youth with reported mental health diagnoses were those placed in the Other juvenile justice facilities, all with post-adjudicated youth, and the most frequent diagnoses reported were conduct disorder and depression (see Table 14).

- **The most frequent psychiatric diagnoses reported for youth in juvenile justice facilities were conduct disorder and depression.**

**Table 14: Proportion of Youth with Psychiatric Diagnoses Reported by Facility<sup>25</sup>**

	Attention Deficit Disorder	Conduct Disorder	Depression/Mood Disorders	Major Mental Illness	Other	Any Diagnosis
JDC	2%	<1%	1%	1%	--	4%
THR	--	--	--	--	--	--%
YCF	4%	8%	9%	2%	2%	23%
JCCO/RMHI	26%	26	--	11%	--%	56%
Other	5%	39%	19%	4%	2%	64%
<b>Total</b>	4% (47)	9% (106)	7% (87)	2% (23)	1% (12)	21% (253)

<sup>25</sup> Attention Deficit Disorder included those with ADHD and those with impulse control disorders. Conduct disorders included those listed with Oppositional Defiant Disorder, Disruptive Behavior Disorder, Intermittent Explosive Disorder. Depression/Mood Disorders included Anxiety and other unspecified Mood Disorders. Major Mental Illness included youth diagnosed with Bipolar Disorder, Schizophrenia, and unspecified Psychosis. Other disorders included Post Traumatic Stress Disorder and Antisocial Personality Disorder.

The JCCO/RMHI youth were the next most likely to have a formal mental health diagnosis, with 56% having a diagnosis reported on the day of the “one day census.” Note that youth who were sent to the JCCO/RMHI facilities were usually pre-adjudication and had been referred by juvenile court judges who suspected serious mental health problems. The THR did not report any mental health diagnoses for any of their youth.

### How many youth were on psychiatric medication while in the facility?

- **One of every seven youth (15%) was on some type of psychiatric medicine while in the juvenile justice facility.**

Approximately one of every seven youth (15%) in the juvenile justice facilities was on some type of psychiatric medicine while in the facility (see Table 15). The primary type of psychiatric medication was antidepressants (11% of the youth). Youth in JCCO/RMHIs were the most likely to be taking a psychiatric medication while at the facility.

**Table 15: Proportion of Youth on Psychiatric Medication**

	Stimulants	Anti-depressants	Anti-psychotics	Any psychiatric meds
JDC	2%	4%	3%	7%
THR	--	--	--	--
YCF	4%	13%	7%	19%
JCCO/RMHI	4%	19%	7%	30%
Other	1%	16%	4%	19%
<b>Total</b>	<b>3% (38)</b>	<b>11% (129)</b>	<b>5% (62)</b>	<b>15% (185)</b>

### What other problems were reported for youth in facilities?

Facilities were also asked to identify youth with developmental disabilities or mental retardation and other special needs such as history of sexual abuse or of special education placement.

- **2% of the youth were identified as having developmental disabilities or mental retardation.**

Many of these youth identified with developmental disabilities or mental retardation were post-adjudication and in YCF facilities.<sup>26</sup>

- **3% were known to be sexual abuse victims.**
- **12% of the youth received some type of special education services while in the juvenile justice facility; of the youth with probable mental health issues, 15% received special education.**

It should be noted that all these reported numbers are conservative estimates since not all the facilities asked about these issues on a routine basis.

<sup>26</sup> This is of substantial concern because a state supreme court has prohibited the placement of youth with mental retardation in YDCs. See Appendix 5 for the proportion of youth in each type of facility with identified DD/MR issues.

# Next Steps

## *How Can This Information Be Used to Improve Services?*

### **What does the Committee recommend?**

The findings of this survey of Tennessee juvenile justice facilities suggest the following recommendations within five areas:

1. These youth and their needs are not solely the responsibility and jurisdiction of the juvenile justice system. These are youth who also need intervention from the mental health service system, substance abuse service system, developmental disabilities system, educational system, and child welfare system. **Joint planning and resources are needed to: 1) prevent youth problems from becoming so severe that the youth appear in the juvenile justice system, and 2) serve youth within the juvenile justice system and 3) upon transition, serve youth to the community.**
- ⇒ **The Governor's Children's Cabinet should examine this issue** and:
- Include other involved state agencies such as the Bureau of TennCare, the Tennessee Administrative Office of the Courts, the Office of Criminal Justice Programs (Department of Finance and Administration), and the Tennessee Council of Juvenile and Family Court Judges. Tennessee Voices for Children can play a valuable role in representing the youth and their families in the discussion.
  - Request joint action to address these issues.
- ⇒ **The Governor's Children's Cabinet should endorse a System of Care<sup>27</sup> approach statewide as a public policy priority.**

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<sup>27</sup> Contact Charlotte Bryson, Tennessee Voices for Children (615-269-7751), or Linda O'Neal, Tennessee Commission on Children and Youth (615-741-2633), for information on Tennessee's System of Care movement.

2. **Within the juvenile justice facilities**, three primary issues to be addressed are:

**a. Screening for mental health, substance abuse and developmental disabilities**

- ⇒ A valid and reliable screening tool that can be used by lay professionals in the juvenile justice system needs to be identified. A review of existing tools, including those used by the American Correctional Association, could provide a first step in this process. Information about another potential training tool is available at <http://www.promotementalhealth.org/overview.htm>.
- ⇒ As part of standards for certification and licensure for juvenile justice facilities, the Tennessee Department of Children's Services should require a comprehensive and standardized screening tool and a process for linking youth with community resources.

**b. Education and training on identification of and services for mental health, substance abuse and developmental disability problems.**

- ⇒ The TDMHDD criminal justice training (see p. 23) could be adapted for youth issues and provide new and recurring training for juvenile justice facility staff and court youth services officers.
- ⇒ The juvenile court judges should be briefed on these issues and be included in working toward comprehensive solutions.
  - This report should be shared with them at their annual conference in August, 2004.

**c. Links with appropriate community treatment agencies.**

3. **Within communities, outreach** to this population and **linkage** with the courts and juvenile justice facilities is needed:

- At the time of first court appearance, referral and follow-up.
- Behavioral health screens through TennCare's EPSDT (Early and Periodic Screening, Diagnosis and Treatment) Program should be available for all TennCare youth. Encouragement of similar screens for all youth, regardless of insurance type, should be available to identify behavioral health risks before the problems come to the attention of the juvenile justice system.
- During facility stays at JDCs and THRs, crisis intervention services need to be readily accessible to address the needs of youth that appear suicidal. In addition, psychiatric consultation regarding medication issues is needed.
- At discharge from juvenile justice facilities, youth and their families need a smooth transition back to the community and needed resources, including follow-up to ensure that the link has been made.
- Training is needed for community providers about interfacing with the juvenile justice system.

- Community mental health court liaisons similar to those in the adult community mental health system (see below) are needed for juvenile courts and juvenile justice facilities.
- Community agencies and the juvenile justice facilities need to develop supports for and partnerships with families of youth at risk of or already involved in the juvenile justice system.

Community involvement will need to include mental health, substance abuse, developmental disability, health, education, and child welfare service systems.

4. **TennCare** provides the most public behavioral health services across the state. TennCare services need to be easily accessible to prevent acceleration of problem behavior and to enhance transition back to the community. Specific TennCare needs are:

- Court liaison to access services for TennCare eligible youth as they first encounter the juvenile justice system, as well as when they are transitioning back to the community. Juvenile Court judges and staff should ask for information about TennCare youth and their most recent health care screening (through the EPSDT Program -- Early and Periodic Screening, Diagnosis and Treatment) and, if not available or adequate, request a comprehensive screening.
- Education of the juvenile justice system, mental health crisis teams, and others on the continued availability of TennCare for pre-adjudicated youth, even when they are being held in a juvenile justice facility.
- Rules by the Bureau of TennCare to suspend, not terminate, TennCare eligibility for youth who are incarcerated, with a simple and straightforward process for re-instating youth as they are discharged.

5. **More information is needed to inform policy and service delivery planning:**

- Information is needed about youth in adult jails and lockups, since they were not included in this report nor the one on adult jails.
- The following issues should also be explored regarding youth in the juvenile justice system:
  - Relationship between prior use of mental health/substance abuse services and admission to a juvenile justice facility.
  - Use of community behavioral health services following discharge from juvenile justice facilities.
  - Recidivism in juvenile justice facilities among youth with mental health, substance abuse, developmental disabilities, and co-occurring disorders.
  - The growing number of Hispanic and other immigrant youth in the juvenile justice system and an assessment of the resources in the system to serve these youth.

## What other information and related resources are available?

There are Tennessee and other national resources available to help inform the efforts to better address the mental health and substance abuse needs of youth in juvenile justice facilities. Some related resources are described below.

### Related Tennessee Resources

The Criminal Justice/Mental Health Advisory Committee of the TDMHDD Statewide Planning Council is a resource available for information and action on related issues. See Appendix 1 for more details. The contact is Liz Ledbetter at (615) 741-9137.

#### *Tennessee Mental Health and Criminal Justice Training*

Readers are reminded the Tennessee Department of Mental Health and Developmental Disabilities has completed two recent surveys of adult jails.<sup>28</sup> The Tennessee Department of Mental Health and Developmental Disabilities applied for and received Edward R. Byrne grant funds to develop a mental health/criminal justice curriculum. The Tennessee Mental Health and Criminal Justice Training Program has developed interdisciplinary training that provides an overview of mental illness. Curricula are targeted to the specific roles of personnel in the criminal justice and the mental health systems. The training program will provide curricula and comprehensive education and training across the spectrum of professionals and constituencies involved in both the mental health and criminal justice systems free of charge. Training modules are available on [www.state.tn.us/mental](http://www.state.tn.us/mental).

#### *Adult Community Mental Health Court Liaison Program*

In July 2000 TDMHDD's Division of Mental Health Services established eight Criminal Justice/Mental Health (CJ/MH) Liaison pilot projects. Currently there are 16 CJ/MH liaisons providing services in 21 counties across the state and training activities statewide. Contact information for the CJ/MH liaisons can be found at [www.state.tn.us/mental](http://www.state.tn.us/mental).

The CJ/MH Liaison Project is a community project that examines the issues affecting adults with serious mental illness who are involved in the criminal justice system. The purpose of the project is to facilitate communication/coordination between the community, the criminal justice and the mental health systems to achieve common goals; to support the establishment of services that would promote diversion activities; and provide liaison activities for adults with serious mental illness who are incarcerated or at risk of incarceration. The success of the projects depends greatly on community support and the willingness of communities to work collaboratively to improve the functioning of the criminal justice and mental health service delivery systems.

The CJ/MH Liaison responsibilities include:

- Examining the issues affecting adults with mental illness who are incarcerated or who are at risk of becoming incarcerated;
- Facilitating communication/co-ordination between the criminal justice system, the mental health system and the community;

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<sup>28</sup> <http://www.state.tn.us/mental/publications/jailsurveyreport.pdf>

- To provide liaison and case management activities for adults with a mental illness and who are involved in the criminal justice system.
- Training activities that include training with Tennessee Correctional Institute staff and regional training on mental health crisis management for sheriff personnel and alternative transporting agents.

### *Adult Mental Health and Drug Courts*

Several counties across Tennessee have initiated special courts for adults with mental health or drug abuse problems. These may serve as resources for youth mental health and drug courts. A few examples are included:

**Shelby County Mental Health Services Pretrial Diversion.** The Shelby County Mental Health Services Pretrial Diversion grant was established to provide staff to supervise and perform the activities of release coordinator on behalf of adults with serious mental illness who have been arrested. Activities of the release coordinator include early identification, community resource builder (housing), and linkage to community resources, follow-up services, and pretrial diversion activities with the courts and public defenders office.

**Davidson Country Drug Court.** Started by a 1995 federal grant from the Department of Justice, the Drug Court is a diversionary program that provides supervision of non-violent offenders with substance abuse problems combined with intensive treatment and other integrated services. Initially an outpatient drug treatment program, it has expanded to include an inpatient program for 100 adults (both male and female). For more information, see [www.nashville.gov/drug\\_court/index.htm](http://www.nashville.gov/drug_court/index.htm)

**Davidson County Mental Health Court.** Operational since 2001, the Davidson County Mental Health Court provides a diversion for individuals who are facing non-violent criminal offenses to provide treatment and monitoring in lieu of incarceration. The individual is assessed and a holistic treatment intervention program is developed to address the multiple issues facing the offender, and serve as the catalyst for his/her criminal conduct. Through this comprehensive therapeutic approach, the Court is able to enhance the offender's integration into mainstream society by providing the defendant resources and support systems to lead a stable, productive life. To maximize the effectiveness of this process, the Court is designed as a collaborative decision-making enterprise among the criminal justice system, local community mental health treatment providers, alcohol and drug treatment providers, vocational rehabilitation, housing, and educational counselors, and numerous other public and private agencies. For more information, contact Angela Bauer-Pharris (615-880-2700) or Chip Stone (615-862-8320).

## *Children and Youth Initiatives*

**Nashville Connection/ System of Care.** The Nashville Connection, funded by the federal Substance Abuse and Mental Health Services Administration through the TDMHDD and operated by Tennessee Voices for Children (TVC), is the actual implementation of a system of care throughout Davidson County over a period of six years. It serves children with serious emotional disorders (SED), ages 8-18, who require services from more than one agency, and their families. The project targets children at imminent risk of being removed from their homes into state custody, hospitalization or residential placement due to behavioral, emotional or mental health issues. TVC also targets those children who are already in out-of-home placements but could return to their homes if appropriate supports and services were in place. Flexible funds are available to support the Individual Service Plans, which provide the nontraditional wraparound services needed to keep the children at home. The goal of the project is for children in the target population to be cared for in their homes, schools and communities and to help the children and their families gain skills that enable them to manage their daily living in healthy ways. Nashville Connection brings all system partners together to create a seamless delivery mechanism that respects the individualism, strengths and culture of each family served. For more information, see [www.tnvoices.org/nashvilleconnection.htm](http://www.tnvoices.org/nashvilleconnection.htm).

**Shelby County System of Care.** The Shelby County Juvenile Court initiated a coalition of local agencies to discuss the issue of the increasing number of troubled youth coming before the Court. They have been successful in gaining participation and support by mental health, substance abuse, education and health agencies as well as other community leaders to jointly problem solve. They have submitted proposals for funding for a local system of care. For further information, contact Jeune Wood or Debbie Bennett at the Shelby County Juvenile Court.

**Telemedicine Psychiatric Services at DCS Youth Development Centers.** The Tennessee Department of Children's Services has contracted with the University of Tennessee Center of Excellence (UT COE) in Memphis to provide telepsychiatry consultation to the Youth Development Centers across the state. Prior to this arrangement, youth were referred to a general psychiatrist for evaluation and treatment. Currently, in a weekly "clinic", youth are referred for psychiatric evaluation and follow up care by child and adolescent psychiatrists located at the medical school campus 60 miles away. Jerry Heston, M.D., child psychiatrist (UT Department of Psychiatry and UT COE, Memphis) has provided the following information about the benefits of this consultation.

Baseline psychiatric epidemiological data obtained by chart review of the population at Wilder YDC indicate that prior to child psychiatric telehealth services, 20% of the residents were seen by psychiatry. About a third of these youth had a diagnosis recorded in the chart. On average 1.9 medications were prescribed per referred resident. The majority of these prescriptions were for either antipsychotics (28%) or trazodone (28%), usually for sleep. After six months of UT COE telepsychiatry services, the same number of residents was referred for evaluation and treatment (22%), but 100% of patients received a recorded diagnosis; mood disorder and ADHD being the most common diagnoses. Medication usage decreased to 1.4 medications per resident. For more information, contact Dr. Heston at the UT COE (901) 448-3420.

## **Other Relevant Resources from Around the U.S.**

### *Santa Clara Juvenile Mental Health Court*

In addition, we have included in Appendix 7 a description of a juvenile mental health court program that could be explored for Tennessee applications.

### *On-line Tutorial for Juvenile Justice, Mental Health and Substance Abuse Treatment Professionals*

The National GAINS Center for People with Co-occurring Disorders in the Justice System and the University of Washington have created an online tutorial<sup>29</sup> for juvenile justice, mental health and substance abuse treatment professionals. It can be accessed at: <http://www.gainsctr.com/curriculum/juvenile/index.htm>

### *Other Reports on Juvenile Justice/Mental Health Issues*

There are also other reports from other states and national groups that provide important resource materials for groups charged to follow up on this report and the issue of better addressing the mental health, substance abuse, and developmental disability needs of youth in Tennessee's juvenile justice and criminal justice systems.<sup>30</sup>

## **Limitations of this report**

This report is based on information from 40 of 44 hardware secure juvenile justice facilities across the state of Tennessee. While this represents 90% of the facilities, it does not include information from those who did not participate.

In addition, there are other hardware secure facilities where youth under age 21 are held for criminal offenses, including adult jails across the state. These facilities were not included in this survey, but should be the focus of future work.

The one day census approach, while providing a "snapshot" of the youth in facilities on one day, is not a systematic approach to looking at all the youth. A more comprehensive approach would be to gather information on all youth held in a facility for a one month or one year time-period; however, this approach would have required resources beyond the scope of this survey.

Also, the information in this report is a conservative estimate of the mental health, substance abuse, and developmental disability needs of youth in juvenile justice facilities. Information was obtained from facility staff and record reviews. A more systematic clinical assessment would be needed to provide more accurate information on diagnostic and other issues.

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<sup>29</sup> Trupin, E. & Boesky, L.M. (2001). *Working together for change: Co-occurring mental health and substance use disorders among youth involved in the juvenile justice system.*

<sup>30</sup> See Appendix 6.

# Appendices

- 1. List of Work Group Members***
- 2. Survey Form***
- 3. List of Participating Facilities***
- 4. Survey Answer Summary: Facility Information***
- 5. Survey Summary: Youth Information***
- 6. Published Information on Juvenile Justice and Mental Health/Substance Abuse***
- 7. Sample Mental Health Juvenile Court Materials***

# Appendix 1

## *Juvenile Justice/Mental Health Work Group, Criminal Justice/Mental Health Committee TDMHDD Statewide Planning Council*

<i>Name</i>	<i>Affiliation</i>
Liz Ledbetter	Tennessee Department of Mental Health and Developmental Disabilities
Louise Barnes	Tennessee Department of Mental Health and Developmental Disabilities
Nancy Reed	Tennessee Department of Mental Health and Developmental Disabilities
Sita Diehl	Tennessee Department of Mental Health and Developmental Disabilities
Linda O'Neal	Tennessee Commission on Children and Youth
Pat Wade	Tennessee Commission on Children and Youth
Debrah Stafford	Tennessee Commission on Children and Youth
Pam McCain	Tennessee Department of Children's Services
Charlotte Bryson	Tennessee Voices for Children
Patti Orten	Tennessee Voices for Children
Trish Hayes	Justice Integration Services
Craig Anne Heflinger	Vanderbilt University
Adriane Sheffield	Vanderbilt University
Deborah Bennett	Juvenile Court of Memphis and Shelby County

### **Criminal Justice/Mental Health Advisory Committee**

The Advisory Committee was established in November of 2000 to continue the work of the Criminal Justice Task Force.<sup>31</sup> The Advisory Committee is responsible for the oversight and implementation of the Task Force recommendations. It monitors how the two systems are progressing toward interacting productively and serves in an advisory capacity for the criminal justice and mental health system. The Advisory Committee operates within the Tennessee Mental Health Planning Council. Members represent mental health and criminal justice systems, family, consumers and advocates.

A juvenile justice work group was established as a subcommittee of the Advisory Committee to assess the status of the State's juvenile justice and mental health systems. The work group is comprised of stakeholders from programs that work specifically with children and youth.

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<sup>31</sup> See the Task Force 2001 report at <http://www.state.tn.us/mental/mhs/CJTFRptJan2001.pdf>

# Appendix 2

## *Survey of Tennessee Juvenile Justice Facilities 2003*

### **Introduction:**

The purpose of this survey is to gather information about services for youth with mental health needs, substance abuse problems and/or developmental disabilities involved in the juvenile justice system. Please think about the characteristics of the youth in your facility and the services provided at your facility and complete this survey to the best of your ability. Your answers will help improve behavioral health and juvenile justice services for youth with mental health needs, substance abuse problems, mental retardation and/or developmental disabilities in Tennessee.

The information from this survey will be summarized at a statewide and regional level for planning purposes. Your specific facility will not be identified. Our goal is to describe the current status of youth with special needs in juvenile justice facilities and the need for improved resources. A similar survey was completed on adult jails and provided valuable information for policy planning and if you are interested, it is available at this website:

<http://www.state.tn.us/mental/publications/jailsurveyreport.pdf>. or call Liz Ledbetter (below).

### **1. Please indicate your role within the facility:**

- ☐ Agency or Facility Administrator
- ☐ DCS Case Manager
- ☐ Mental Health Administrator
- ☐ Mental Health Practitioner (social worker, psychologist, therapist)
- ☐ Other mental health provider in the juvenile justice system
- ☐ Juvenile court staff
- ☐ Other (specify) \_\_\_\_\_

### **2. Does your facility have a screening form/intake process/orientation that asks questions or gathers information regarding:**

Prior mental health problems, including depression & anxiety	Yes	No	Don't Know
Prior mental health service use	Yes	No	Don't Know
Current mental health problems, including depression & anxiety	Yes	No	Don't Know
Current mental health service use	Yes	No	Don't Know
Suicide risk and /or suicidal history	Yes	No	Don't Know
Medical history	Yes	No	Don't Know
Substance abuse	Yes	No	Don't Know
Medication needs	Yes	No	Don't Know
Evidence of physical or sexual abuse	Yes	No	Don't Know
Family psychiatric history	Yes	No	Don't Know
School functioning	Yes	No	Don't Know
History or need for special education	Yes	No	Don't Know
Mental Retardation or Developmental Disabilities	Yes	No	Don't Know

Please return all forms and direct any questions to:

Liz Ledbetter, TDMHDD ([Liz.Ledbetter@state.tn.us](mailto:Liz.Ledbetter@state.tn.us))

Cordell Hull Building, 3<sup>rd</sup> Floor, 425 5<sup>th</sup> Avenue, North, Nashville, TN 37243

Phone: (615) 741-9137; Fax: (615) 532-6719

**3. Which of the following services does your facility offer (directly or by outside providers) to youth with mental health problems, substance abuse problems, mental retardation or developmental disabilities while they are in your facility?**

Crisis Intervention	Yes Facility provider	Yes Outside provider	No	Don't Know
Evaluation and Assessment	Yes Facility provider	Yes Outside provider	No	Don't Know
GED classes	Yes Facility provider	Yes Outside provider	No	Don't Know
Planned Parenthood	Yes Facility Provider	Yes Outside provider	No	Don't Know
Mental Health Counseling	Yes Facility Provider	Yes Outside Provider	No	Don't Know
Alcohol Abuse Counseling	Yes Facility Provider	Yes Outside Provider	No	Don't Know
Drug Abuse Counseling	Yes Facility Provider	Yes Outside Provider	No	Don't Know
Pastoral Counseling	Yes Facility provider	Yes Outside provider	No	Don't Know
Boy Scouts/Girl Scouts	Yes Facility provider	Yes Outside provider	No	Don't Know
Medication Evaluation	Yes Facility provider	Yes Outside provider	No	Don't Know
Physical (or Medical) Evaluation	Yes Facility Provider	Yes Outside Provider	No	Don't Know
Special Education Services	Yes Facility provider	Yes Outside provider	No	Don't Know
Regular Education Services	Yes Facility provider	Yes Outside provider	No	Don't Know
Vocational/Pre- vocational Training	Yes Facility provider	Yes Outside provider	No	Don't Know
Other (specify)	Yes Facility provider	Yes Outside provider	No	Don't Know

4. **Does your facility have a written behavioral management plan including clear procedures for the use of isolation, restraint, lock down, “time out” and room confinement?**

☐ Yes    ☐ No    ☐ Don't Know

If yes, please attach.

5. **Does your facility have a training program for staff that deals with youth?**

☐ Yes    ☐ No (go to Q #6)    ☐ Don't Know (go to Q #6)

- 5a. **If yes, does the training program include information about:**

- ☐ Mental health problems
- ☐ Substance abuse problems
- ☐ Developmental disabilities (mental retardation, autism, other)
- ☐ Learning disabilities
- ☐ Signs of physical or sexual abuse
- ☐ Suicide prevention and intervention
- ☐ Mental health/psychiatric medication use
- ☐ Crisis prevention/management
- ☐ Statutory response (rules & regulations)

6. **Of the following, please rank from 1 to 9 what you consider to be the greatest barriers to getting needed services for youth in your facility (with 1 being the greatest barrier).**

- ☐ Transportation
- ☐ Awaiting appropriate placement
- ☐ Availability of community programs
- ☐ Access to appropriate medical personnel
- ☐ Access to appropriate treatment personnel
- ☐ Insurance coverage
- ☐ Staff training
- ☐ Program funding
- ☐ Communication between agencies
- ☐ Other please list: \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

- 6a. **Of the following, please rank from 1 to 6 for which populations these barriers appear to be the greatest (with 1 being the population with the greatest barriers).**

- ☐ Mental Health (MH)
- ☐ Substance Abuse (SA)
- ☐ Mental Retardation and other Developmental Disabilities (MR)
- ☐ MH/SA
- ☐ MH/MR
- ☐ MR/SA

**7. Does your facility use a written aftercare/release/discharge plan for youth?**

☐ Yes ☐ No (go to Q #8) ☐ Don't Know (go to Q #8)

**7a. If yes, does this procedure involve:**

- ☐ referral  
☐ escorting youth to services  
☐ follow-up on service or case conferencing  
☐ sending youth paperwork to new service provider

**7b. Who is responsible for carrying out the aftercare/release/discharge plan?**

- ☐ probation officer  
☐ social worker  
☐ case manager  
☐ Youth service officer (YSO)

**8. Does your facility have a procedure to link youth and their families to local treatment or supervision services after leaving the facility?**

☐ Yes ☐ No (Go to Q #9) ☐ Don't Know (Go to Q #9)

**8a. If yes, which of the following are used:**

Community mental health center case managers or therapists	Yes	No	Don't Know
Dept. of Children's Services (DCS) case workers, court liaisons or probation officers	Yes	No	Don't Know
Juvenile Court probation officers	Yes	No	Don't Know
Community Service Agency Staff (CSA)	Yes	No	Don't Know
Other (Specify)	Yes	No	Don't Know

**9. Do you have access to any of the following for information or consultation about youth in your facility? If yes, rate your ease of access, with "1" being "very accessible" and "3" being "not very accessible."**

				Very accessible	Somewhat	Not very accessible
Facility Counselor	Yes	No	N/A	1	2	3
Facility Psychologist	Yes	No	N/A	1	2	3
Facility Director	Yes	No	N/A	1	2	3
Facility Case Worker	Yes	No	N/A	1	2	3
Forensic Coordinator (JCCO)	Yes	No	N/A	1	2	3
Probation Officer/JJ Caseworker	Yes	No	N/A	1	2	3
Nurse	Yes	No	N/A	1	2	3
Psychiatrist	Yes	No	N/A	1	2	3
Educational Personnel	Yes	No	N/A	1	2	3
Behavior Specialist	Yes	No	N/A	1	2	3
MH Professional	Yes	No	N/A	1	2	3
MH Case Manager	Yes	No	N/A	1	2	3
DCS Case Worker	Yes	No	N/A	1	2	3
Advocacy Groups	Yes	No	N/A	1	2	3
Other (Specify)	Yes	No	N/A	1	2	3

**10. Do you have someone who prescribes medication (for physical and/or mental health needs) for youth within your facility?**

☐ Yes ☐ No (Go to Q #11) ☐ Don't Know (Go to Q #11)

**10a. If yes, who prescribes medications for youth in your facility?**

Facility MD	Yes	No	Don't Know
Facility Psychiatrist	Yes	No	Don't Know
Contract MD	Yes	No	Don't Know
Contract Psychiatrist	Yes	No	Don't Know
Nurse Practitioner	Yes	No	Don't Know
Community Mental Health Agency Staff	Yes	No	Don't Know
Youth's Personal MD	Yes	No	Don't Know
Other (please specify)	Yes	No	Don't Know

**11. Who administers medication for youth within your facility?**

Facility MD	Yes	No	Don't Know
Facility RN	Yes	No	Don't Know
Facility LPN	Yes	No	Don't Know
Direct Care Staff	Yes	No	Don't Know
Case Worker	Yes	No	Don't Know
Other (please specify)			

**12. Who is responsible for purchasing medications for youth within your facility?**

Family (if yes, go to Q #14)	Yes	No	Don't Know
Facility (if yes, go to Q #13)	Yes	No	Don't Know
Other (specify) (if not facility, go to Q #14)	Yes	No	Don't Know

**13. If your facility purchases medications for youth, where are these medications purchased?**

Local pharmacy	Yes	No	Don't Know
Health Service Contract Agency	Yes	No	Don't Know
Pharmaceutical Contract Agency	Yes	No	Don't Know
Other (please specify)	Yes	No	Don't Know

**13a. If your facility purchases medication for youth, approximately how much is spent monthly on:**

mental health/ psychotropic medications? \$ \_\_\_\_\_

other medications? \$ \_\_\_\_\_

total medications (specify exact or estimated) \$ \_\_\_\_\_

14. What other issues/concerns do you have about juvenile justice services for :

*Youth with mental health problems:*

*Youth with substance abuse problems:*

*Youth with mental retardation or developmental disabilities:*

*Youth with co-occurring disorders:*

*Mental health and substance abuse*

*Mental health and mental retardation*

*Mental retardation and substance abuse*

*Youth with medical/physical problems (and possibly with co-occurring MH, SA, or MR problems)*

15. What are the top 3 types of services that you need in your community to better meet the mental health and/or substance abuse needs of the youth you serve?

16. Are there any other issues about youth with mental health, substance abuse, developmental disorders or co-occurring disorders in your facility that we haven't asked that we need to know about? If so, please explain:

16a. Is there any change in the number of youth in your facility with the following problems as opposed to 5 years ago? [increase, decrease, stayed the same] If there's a change why do you think that is so?

*Mental health? (circle one: increase, decrease, same and write comments below)*

*Substance abuse? (circle one: increase, decrease, same and write comments below)*

*Mental retardation/ Developmental disabilities? (circle one: increase, decrease, same and write comments below)*

*Co-Occurrence? (circle one: increase, decrease, same and write comments below)*

The next section asks you to provide some non-identifying information about each youth that was in your facility on a recent high census day. The purpose is to get information on as many youth as possible. In order to be uniform across the state, we are asking you to identify a day within the September 20-October 11, 2003 time frame (see next page).

Was the group of youth present on this day representative of what you typically see and the types of problems day you deal with?

☐ Yes ☐ No ☐ Don't Know

If not, please tell us why it was not typical.

**17. Please record a recent high census day/date within the September 20-October 11, 2003 time frame here:**

Please review the files for all youth that were in your facility on that day. For each youth, indicate if any of the following information were known or provided. A sample has been given.

**Key** MH: Mental Health SA: Substance Abuse SO: Sex-offending SV: Sex Abuse Victim SLD: Specific Learning Disability  
MR/DD: Mental Retardation/Developmental Disability SE: Special Education Services

Gender	Race	Age, In years	Pre or post Adjudication	Length of stay	Offense Type S=status D=delinquent	MH	SA	SO	SV	SLD	MR/DD	Suicide Watch during this stay	Services Received While in facility			Medication taken While in facility		Medication name (if known)	Diagnosis (if known)
													MH	SA	SE	Mental Health	Physical Health		
	W	15	Pre	4 days	STATUS	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>						<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>		adderall	ADHD

**Thank you for your time!**

**If you need additional space, please feel free to make copies of this page and attach.**

Please return all forms and direct any questions to: Liz Ledbetter, TDMHDD ([Liz.Ledbetter@state.tn.us](mailto:Liz.Ledbetter@state.tn.us))  
Cordell Hull Building, 3<sup>rd</sup> Floor, 425 5<sup>th</sup> Avenue, North, Nashville, TN 37243  
Phone: (615) 741-9137; Fax: (615) 532-6719

# Appendix 3

## *List of Participating Facilities*

Facility Type	Name of Facility	Location	Any Gender Restrictions
JDC	Bedford County JDC	Shelbyville	
JDC	Blount County JDC	Maryville	
JDC	Bradley County JDC	Cleveland	
JDC	Davidson Country JDC	Nashville	
JDC	Richard L. Bean Juvenile Service Center	Knoxville	
JDC	Hamilton County JDC	Chattanooga	
JDC	Madison County JDC	Jackson	
JDC	Keystone/McDowell JDC	Dyersburg	
JDC	Middle Tennessee JDC	Columbia	
JDC	Putnam County JDC	Cookeville	
JDC	Rhea County JDC	Dayton	
JDC	Rutherford County JDC	Murfreesboro	
JDC	Scott County JDC	Huntsville	
JDC	Sevier County JDC	Sevierville	
JDC	Shelby County JDC	Memphis	
JDC	Sumner County JDC	Gallatin	
JDC	Upper East JDC	Johnson City	
JDC	Williamson County JDC	Franklin	
THR	Anderson County THR	Clinton	
THR	Claiborne County THR	Tazewell	
THR	Cumberland County THR	Crossville	
THR	Giles County THR	Pulaski	
THR	Hamblen County THR	Morristown	
THR	Loudon County THR	Lenoir City	
THR	McMinn County THR	Athens	
THR	Marion County THR		
YCF	Mountain View Youth Developmental Center	Dandridge	Male only
YCF	Northwest Correctional Complex	Lake County	Male only
YCF	Shelby Training Center/Tall Trees	Memphis	Tall Trees is male only
YCF	Taft Youth Development Center	Pikeville	Male only
YCF	Wilder Youth Development Center	Somerville	Male only
YCF	Woodland Hills Youth Development Center	Nashville	Both, limited (24) female placements
JCCO/RMHI	Lakeshore Mental Health Institute	Knoxville	
JCCO/RMHI	Middle Tennessee Mental Health Institute	Nashville	
JCCO/RMHI	Western Mental Health Institute	Bolivar	
JCCO/RMHI	Youth Villages/Center for Intensive Residential Treatment	Memphis	
Other	Observation and Assessment Center	Johnson City	Male only
Other	Youth Habilitation Center	Memphis	Male only
Other	St. Peter's Home: DCS	Memphis	Female only
Other	St. Peter's Home: YSB	Memphis	Female only

# Appendix 4

## *Survey Answer Summary: Facility Information*

### **Survey of Tennessee Juvenile Justice Facilities 2003**

*Tennessee Department of Mental Health and Developmental Disabilities*

*Statewide Planning and Policy Council, Criminal Justice Committee*

#### **Which types of facilities participated, by statewide mental health region? (count) A total of 40 facilities across the state**

Contract facility	1.Upper East 1	2. East	3.Cumberland /Southeast	4. Davidson	5. Middle Tn	6. West	7. Shelby 3	Total 4
DCS/DOC		1	1	1		2	1	6
JDC	1	5	3	1	5	2	1	18
RMHI or forensic contract		1		1		1	1	4
THR		4	3		1			8
Total	2	11	7	3	6	5	6	40

**Which facilities did not respond?** 1 THR, 3 contract facilities

#### **1. Role of respondent within facility (count)**

	Other	YCF	JDC	JCCO/RMHI	THR	Total
Agency Adm/ Asst Dir	2	1	13	1	4	21
DCS CM	1					1
MH Administrator				1		1
MH Prac		1		1		2
MH Prov	1					1
Jv Ct/JDC Staff			1		3	4
Other		4	4	1	1	10
Total	4	6	18	4	8	40

**2. Does your facility have a screening form/intake process/orientation that asks questions or gathers information regarding:**

% YES	JDC	THR	YCF	JCCO/ RMHI	Other	Total
Prior mental health problems, including depression & anxiety	83%	38%	100%	100%	100%	80%
Prior mental health service use	72%	38%	100%	100%	100%	75%
Current mental health problems, including depression & anxiety	83%	38%	100%	100%	100%	80%
Current mental health service use	67%	38%	100%	100%	100%	73%
Suicide risk and /or suicidal history	89%	75%	100%	100%	100%	90%
Medical history	100%	100%	100%	100%	100%	100%
Substance abuse	89%	75%	100%	100%	100%	90%
Medication needs	100%	100%	100%	100%	100%	100%
Evidence of physical or sexual abuse	83%	75%	83%	100%	75%	83%
Family psychiatric history	29%	13%	83%	100%	100%	49%
School functioning	67%	63%	100%	100%	100%	78%
History or need for special education	78%	63%	100%	100%	100%	83%
Mental Retardation or Developmental Disabilities	67%	13%	83%	100%	100%	65%
How many with 12-13/13?	57%	0%	83%	100%	100%	81%

**3. Which of the following services does your facility offer (directly or by outside providers) to youth with mental health problems, substance abuse problems, mental retardation or developmental disabilities while they are in your facility?**

% YES	JDC	THR	YCF	JCCO/ RMHI	Other	Total
Crisis Intervention	94%	88%	100%	100%	75%	93%
Evaluation and Assessment	89%	75%	100%	100%	100%	90%
GED classes	50%	38%	100%	100%	100%	65%
Planned Parenthood	28%	13%	33%	25%	25%	25%
Mental Health Counseling	61%	63%	100%	100%	75%	73%
Alcohol Abuse Counseling	56%	63%	83%	50%	50%	60%
Drug Abuse Counseling	56%	63%	83%	50%	75%	63%
Pastoral Counseling	100%	50%	83%	75%	75%	83%
Boy Scouts/Girl Scouts	17%	13%	17%	25%	0%	15%
Medication Evaluation	72%	38%	100%	100%	100%	75%
Physical (or Medical) Evaluation	72%	50%	100%	100%	100%	83%
Special Education Services	78%	63%	100%	100%	100%	83%
Regular Education Services	75%	50%	100%	100%	100%	80%
Vocational/Pre-vocational Training	17%	13%	83%	25%	25%	27%

**4. Does your facility have a written behavioral management plan including clear procedures for the use of isolation, restraint, lock down, “time out” and room confinement? 92.5% Yes**

	JDC	THR	YCF	JCCO/ RMHI	Other	Total
1.Upper East	1				1	100%
2. East	5	3	1	1		91%
3.Cumberland	3	2	1			86%
4. Davidson	1		1	1		100%
5. Middle Tn	5					83%
6. West	2		2	1		100%
7. Shelby	1		1	1	3	100%
	18	5	6	4	4	37
	100%	62.5%	100%	100%	100%	92.5%

**5. Does your facility have a training program for staff that deals with youth? 92.5% Yes**

	JDC	THR	YCF	JCCO/ RMHI	Other	Total
1.Upper East	1				1	100%
2. East	5	4	1	1		100%
3.Cumberland	1	3	1			71%
4. Davidson	1		1	1		100%
5. Middle Tn	5	1				100%
6. West	2		1	1		80%
7. Shelby	1		1	1	3	100%
	16	8	5	4	4	37
	88.8%	100%	82.5%	100%	100%	92.5%

**5a. If yes to 5, do you include the following?**

	JDC	THR	YCF	JCCO/ RMHI	Other	Total
MH problems	100%	100%	67%	75%	67%	80%
SA problems	100%	100%	33%	75%	33%	67%
DD	100%	50%	33%	50%	33%	53%
LD	67%	50%	33%	50%	33%	47%
Physical/sexual abuse	100%	100%	0%	75%	100%	73%
Suicide prevention/interv	100%	100%	67%	75%	100%	87%
MH/Psychiatric meds	100%	50%	33%	75%	67%	67%
Crisis prevention/mgmt	100%	50%	33%	75%	100%	73%
Statutory (rules/regs)	100%	50%	33%	50%	100%	71%

**Q06 What you consider to be the greatest barriers to getting needed services for youth in your facility:**

Barrier	Example
Language Barriers	Our service is transitional and maintenance. Our biggest barrier is language – the Hispanic population has increased and we have large Asian groups.
Appropriate Placement	The only barrier that we entail at this facility is awaiting appropriate placement in the area of mental health issues.
Lack of Services	These issues are the responsibility of DCS, court and other contract counties. “We are more of a jail.”

**6a. for which populations these barriers appear to be the greatest:**

Barrier/Population	Example
Dual Diagnosis	All dual diagnosis kids are more difficult, since this is not a therapeutic setting.
TennCare	Lots of the kids have TnCare, but TnCare won't serve in jail. If no insurance, you can't be suicidal.
Crisis Intervention	The new statewide contractor started out as a great service provider, then paperwork, then the same old problems cropped up. They want to do assessments over the phone. If 2 <sup>nd</sup> call, phone interview. They consider detention a “safe” place for suicidal kids.

**What resources are working well for youth with mental health, substance abuse, or developmental disability problems?**

Co-occurring Issues	Youth with co-occurring MH and MR: When these youth come to the attention of this Court, they are generally referred to a specialized section of probation counselors that can triage and assess their needs in an effort to access community resources. In the event that custody to DCS seems imminent, these counselors are system savvy and are able to usually massage the points that will force the system to work for the child. The working poor and those with very limited MH and SA private insurance coverage are always at the greatest risk of custody.
Insurance Issues	In our county, this Juvenile Court has a corrective continuum called the Youth Services Bureau (YSB), to provide local placements for local youth who are adjudicated delinquent. The continuum is set up to prevent children coming into the custody of the DCS for corrective purposes. This continuum provides a full array of services ranging from the least restrictive to the most restrictive including hardware secure rehabilitation comparable to DCS YDCs. Until recently, youth who were placed in the custody of the YSB had their TennCare benefits terminated when placed in a hardware secure, corrective facility. However, children placed in the custody of the DCS for corrective purposes had their TennCare benefits suspended and when the child was released, the TC benefits were more easily and more expeditiously reinstated. This Court has been notified that there is a way to reinstate a child's TC benefits but we are still uncertain how to achieve this so as to minimize the time it takes from the time of release to the time that TC has been reinstated. On average, it now takes about 45 days from the date of release to reinstate benefits. This delay does not allow for implementation of necessary services upon reentry to prevent recidivism. In the current TC medical model, a lot of adjudicated delinquent children are denied the level of service necessary outside the juvenile justice system. Many mental health providers are unable or unwilling to treat a mentally ill juvenile who has an extensive delinquent history. Services are denied without credence being given to the fact that quite possibly these children are acting out due to undiagnosed mental illness.
Substance Abuse Issues	More substance abuse resources are available now than in the past. A lot of attention has been on “meth” issues. Drug court is a new strategy that seems to help.
7	We have a very good program for youth with SA problems. We also have a great link to outside programs.
	Our local MH facility does a wonderful job on MH/SA disorders.

**7. Does your facility use a written aftercare/release/discharge plan for youth? 37.5% Yes**

	JDC	THR	YCF	JCCO/ RMHI	Other	Total
1.Upper East						0%
2. East	1	1	1	1		36%
3.Cumberland		1				14%
4. Davidson			1	1		67%
5. Middle Tn						0%
6. West	1		1	1		60%
7. Shelby	1			1	3	83%
	3	2	3	4	3	15
	17%	25%	50%	100%	75%	37.5%

**7a. If yes to 7, does this procedure involve:**

IF YES,:	JDC	THR	YCF	JCCO/ RMHI	Other	Total
Referral	100%	100%	67%	100%	0%	73%
Escorting Youth	0%	0%	0%	0%	33%	7%
Follow up on service	67%	50%	0%	50%	33%	40%
Sending youth paperwork	100%	50%	33%	75%	67%	67%

**7b. Who is responsible for carrying out the aftercare/release/discharge plan?**

- \_44% probation officer
- \_38% social worker
- \_56% case manager
- \_35% youth service officer (YSO)

**8. Does your facility have a procedure to link youth and their families to local treatment or supervision services after leaving the facility? 60% Yes**

	JDC	THR	YCF	JCCO/ RMHI	Other	Total
Upper East					1	50%
East	3	3	1	1		73%
Cumberland	1	3	1			71%
Davidson			1	1		67%
Middle Tn	1					18%
West			1	1		40%
Shelby	1			1	3	83%
	6	6	4	4	4	
	33%	75%	67%	100%	100%	60%

**8a. If yes, which of the following are used:**

IF YES,:	JDC	THR	YCF	JCCO/ RMHI	Other	Total
CMHC CM or therapist	83%	83%	50%	100%	50%	75%
DCS	83%	100%	100%	100%	100%	96%
Juv Ct. probation officers	100%	100%	75%	75%	25%	79%
CSA	83%	67%	50%	100%	75%	75%

**9. Do you have access to any of the following for information or consultation about youth in your facility?**

% YES	JDC	THR	YCF	JCCO/ RMHI	Other	Total
Facility Counselor	24%	43%	100%	100%	100%	34%
Facility Psychologist	28%	29%	67%	100%	75%	46%
Facility Director	89%	100%	83%	100%	100%	92%
Facility Case Worker	50%	43%	67%	50%	100%	56%
Forensic Coordinator (JCCO)	39%	43%	0%	75%	25%	36%
Probation Officer/JJ Caseworker	83%	100%	67%	50%	50%	77%
Nurse	83%	57%	100%	100%	75%	82%
Psychiatrist	56%	43%	100%	100%	75%	67%
Educational Personnel	78%	71%	100%	100%	100%	85%
Behavior Specialist	39%	43%	50%	75%	50%	46%
MH Professional	39%	43%	100%	100%	0%	51%
MH Case Manager	39%	29%	33%	50%	0%	33%
DCS Case Worker	89%	86%	83%	100%	75%	87%
Advocacy Groups	50%	86%	67%	75%	25%	59%
Other (Specify)	24%	0%	0%	25%	0%	14%

**10. Do you have someone who prescribes medication (for physical and/or mental health needs) for youth within your facility? 53% Yes**

**10a. If yes, who prescribes medications for youth in your facility?**

%	JDC	THR	YCF	JCCO/ RMHI	Other	Total
Facility MD	29%	0%	17%	100%	33%	38%
Facility Psychiatrist	0%	0%	0%	100%	33%	24%
Contract MD	86%	100%	67%	75%	67%	76%
Contract Psychiatrist	29%	100%	100%	50%	33%	57%
Nurse Practitioner	43%	0%	33%	25%	0%	29%
Community Mental Health Agency Staff	43%	0%	17%	0%	0%	19%
Youth's Personal MD	57%	100%	17%	50%	33%	43%
Other	14%	100%	0%	0%	0%	10%

**11. Who administers medication for youth within your facility?**

%	JDC	THR	YCF	JCCO/ RMHI	Other	Total
Facility MD	6%	0%	0%	0%	0%	3%
Facility RN	33%	13%	100%	100%	25%	45%
Facility LPN	11%	0%	100%	100%	25%	33%
Direct Care Staff	83%	63%	0%	0%	75%	58%
Case Worker	0%	13%	0%	0%	25%	5%
Other (please specify) Director/Teachers/Staff	12%	13%	0%	0%	50%	11%

**12. Who is responsible for purchasing medications for youth within your facility?**

%	JDC	THR	YCF	JCCO/ RMHI	Other	Total
Family	89%	75%	0%	25%	50%	63%
Facility	44%	13%	100%	100%	100%	58%
Other (Facility LPN)	29%	13%	0%	0%	0%	16%

**13. If your facility purchases medications for youth, where are these medications purchased?**

%	JDC	THR	YCF	JCCO/ RMHI	Other	Total
Local Pharmacy	50%	13%	50%	25%	75%	42%
Health Service Contract	0%	13%	17%	0%	0%	5%
Pharmaceutical Contract	13%	0%	67%	75%	25%	26%

**13a. If your facility purchases medication for youth, approximately how much is spent monthly on:**

Facility Type		Psych \$	Med \$	Total \$	Psych \$/Youth	% Psych/ Total \$
<b>JDC</b>	<b>Mean</b>	<b>\$4.00</b>	<b>\$15.02</b>	<b>\$97.51</b>	<b>\$1.00</b>	<b>12.5%</b>
	Std. Deviation	(\$8.94)	(\$10.80)	(\$197.70)	(\$2.23)	
	Range	\$0-27	\$0-20	\$0-25		
<b>YCF</b>	<b>Mean</b>	<b>\$4866</b>	<b>\$3728</b>	<b>\$8589</b>	<b>\$38.43</b>	<b>56.6%</b>
	Std. Deviation	(\$3747)	(\$3184)	(\$6714)	(\$29.19)	
	Range	\$80-\$10,996	\$100-\$7,690	\$180-\$14,395		
<b>JCCO/RMHI</b>	<b>Mean</b>	<b>\$2678</b>	<b>\$280</b>	<b>\$2818</b>	<b>\$606.72</b>	<b>90.9%</b>
	Std. Deviation	(\$2011)	.	(\$1813)	(\$29.71)	
	Range	\$1255-4100	\$0-280	\$1536-4100		
<b>Other facility</b>	<b>Mean</b>	<b>\$225</b>	<b>\$437</b>	<b>\$662</b>	<b>\$7.10</b>	<b>46.5%</b>
	(Std. Deviation)	(\$327)	(\$584)	(\$497)	(\$9.72)	
	Range	\$0-600	\$51-1100	\$126-1109		
<b>Total</b>	<b>Mean</b>	<b>\$2203</b>	<b>\$1715</b>	<b>\$3514</b>	<b>\$91.90</b>	<b>47.4%</b>
	Std. Deviation	(\$3198)	(\$2692)	(\$5473)	(\$202.56)	

**Q14 What other issues/concerns do you have about juvenile justice services for youth with mh/sa/dd issues?**

**Primary Themes:**

- For youth with mental health issues, more specifically those in juvenile justice facilities, there is a lack of sufficient resources, effective services, and appropriate placements (003-Q6; 001-Q14; 002-Q14; 004-Q14; 005-Q14; 007-Q14; 008-Q14; 010-Q14; 011-Q14; 014-Q14; 016-Q14; 017-Q14; 022-Q14; 029-Q14; 037-Q14; 003-Q15).
- Juvenile Justice Personnel need appropriate training and education on co-occurring disorders in order to assure appropriate treatment (006-Q14; 025-Q14; 027-Q14).
- There need to be more facilities dedicated to treatment of youth with co-occurring disorders (003-Q14; 014-Q14; 017-Q14; 018-Q14; 020-Q14)
- The limitations of TennCare pose a problem when seeking mental health services for youth in juvenile justice facilities (002-Q14; 004-Q14; 008-Q14; 011-Q14; 028-Q14; 039-Q14; 008-Q15).
- The interruption of TennCare poses a problem for youth with mental health needs in juvenile justice facilities (003-Q14; 039-Q14).
- There is a lack of appropriate placements for youth with mental health needs (007-Q14; 010-Q14; 020-Q14; 037-Q14).
- There is a need for better mental health evaluation upon entering the facilities (018-Q14; 019-Q14; 027-Q15; 004-Q15; 010-Q15; 022-Q15)
- There is a need for additional outpatient services and treatment options (001-A15; 010-Q15; 011-Q15; 014-Q15; 020-Q15; 021-Q15; 029-Q15; 031-Q15; 039-Q15).
- There is a need for access to additional mental health professionals within the juvenile justice facilities (004-Q15; 006-Q15; 016-Q15; 023-Q15; 025-Q15; 027-Q15; 034-Q15).
- There is a need for treatment centers and/or treatment programs (009-Q15; 015-Q15; 033-Q15; 039-Q15).
- There is a need for additional alcohol and drug treatment options and services (01-Q15; 006-Q15; 036-Q15; 004-Q15; 026-Q15; 038-Q15; 004-Q16a).

Issue/Concern	Examples
Resource Issues	<b>Insufficient community resources</b> – especially <b>inpatient</b> . The length of time for inpatient is completely insufficient – this is controlled by insurance and NOT what the patient needs. <b>Outpatient</b> resources are also not readily accessible – especially to indigent clients. There is no longer such a thing as a “community mental health center” – they all act like corporate agencies and provide <b>no pro bono or sliding scale services</b> . Ours has an 800# with voicemail – after 2 attempts to return the call, the center deletes it from the call backlog.
	Youth with mental health problems need <b>more effective services</b> . Local MH agency does not do very well in addressing the complex needs of some youth. Need more intensive services.
	Youth with mental health problems lack <b>access to timely</b> mental health services when on-going services are needed. Some programs can't be accessed unless a delinquent charge is brought.
	There is a need for a <b>secure treatment facility</b> for students who need to be transferred for mental health problems.
	The number of youth with MH problems is high. Need <b>more training</b> on how to approach and make it easier to deal with issues.
Youth with Co-occurring Disorders	<b>Can't find anything</b> for youth with MR/DD. They either go home (with no referrals) or go to custody.
	For youth with co-occurring disorders, there is a <b>lack of coordination</b> of services. The state will only provide one service to juveniles who need multiple services.
	There is a need for a Level III program and in every DCS Institution/Training school for youth with substance abuse problems.
	Sometimes drug and alcohol <b>facilities are reluctant to accept patients</b> with co-occurring MH/SA issues when youth are on psychotropic meds. For youth with MH/MR, there is a differentiation of funding sources. The BHO will want TDMHDD to pay and TDMHDD will expect the BHO to pay.
	Youth with medical/physical problems (and possibly with co-occurring MH, SA, or MR problems): An example of the type of medical problems coupled with MH, SA, or MR problems usually presents with accessibility of appropriate care type issues. On occasion, there are juveniles who present with the possibility of neurological problems in addition to their MH, SA or MR problems. These children are expected to <b>wait extended periods</b> for appointments with pediatric neurology groups. It is these youth who have historically been charged with serious delinquent acts, have been placed in DMHDD funded forensic evaluation beds and were identified with possible neurological issues.
Parental Issues	Parental cooperation – we have to have signed consent forms to treat; the parent is sometimes unavailable or upset – if no consent, then we have to go thru the court system to get an order for treatment.
	Drug and alcohol issues sometimes involve the whole family – it's generational. We've started a family dependency drug court. Kids who are abused are more likely to come into delinquency – we also have many kids with parents with mental illness.
	Parents frequently resort to commitment to get services for their child.
Insurance/TennCare Issues	The failure of the insurance system and TDMHDD makes this a JJ issue when it should be a mental health issue. Middle class kids, their folks with insurance can get them the services they need.
	If there is no TennCare, particularly for the working poor and the “under insured”, options are limited. A referral can be made to the Community Services Agency for access of wraparound funding, but this funding will NOT pay for residential treatment of any kind. The youth then usually will not get the level of care indicated.
	For youth with MH problems, there are issues with private insurer payment for residential treatment, problems accessing RTC beds and problems with mental health follow-up appointments with psychiatrists.
	There is no TennCare funded facility in this area that is willing to accept the level of delinquency coupled with the MR/DD problem. The “sub-acute” type child usually bounces from the corrective setting to the acute setting, disrupting both types of those programs since there is no “sub-acute” facility in this area that is willing to accept TennCare.
Medication Issues	You wouldn't believe the number of kids that come through here on lithium, large doses. They are on so much medication, they can't stay awake. They aren't supposed to sleep during the day here. If they can't stay awake during detention, how are they going to function in the community? They know their meds cause problems; they'll ask us to give meds at different times so they don't get in trouble, but we have to follow doctor's instructions or medication bottle.

	Youth with MH problems are not able to take medications while in detention.
Substance Abuse Issues	Just about <b>all the youth</b> coming to facility have A & D issues.
	A #1 concern is the <b>increase</b> in number of youth who use alcohol. Youth are left unsupervised. Parents have their own alcohol issues and even allow it or encourage youth to drink.
	For youth with substance abuse problems, more aftercare services are needed. We need teen AA meetings accessible and a system to make sure kids accountable for attending.
	There are <b>no emergency services/assessments</b> for youth with SA problems.
	There are <b>not enough resources</b> for youth with substance abuse problems.
	Juveniles with substance abuse problems do not stay in our facility long enough to make a long-term difference (through treatment and counseling). These youth need someone to follow up with the family to ensure continued treatment.
	<p><b>For both youth with mental health problems and youth with substance abuse problems:</b></p> <ul style="list-style-type: none"> <li>• Difficulty accessing intensive or specialized MH outpatient aftercare services</li> <li>• Potential restrictions on outpatient services based upon diagnosis or dual diagnosis (e.g. conduct disordered/substance dependent children are not approved for in-home services unless they have other MH diagnoses).</li> <li>• Difficulty accessing/receiving third party approval for residential services</li> <li>• Courts sometimes send children home without services when residential services have been recommended</li> <li>• One CMHC has indicated that they will "refer out" for services, although no other services exist in that catchment area.</li> <li>• Limited follow-up by some aftercare agencies to ensure children are receiving recommended services.</li> </ul> <p>Limited community resources in general, especially in rural counties.</p>
	For youth with SA problems, it is hard to take them to AA and NA groups on the outside. They are high risk runners. There is a need for <b>support groups</b> to come to the facility.
	Youth who present to the juvenile justice system here who have substance abuse issues are very rarely substance abuse issues alone. There are very few SA treatment programs in this area that will accept children without the primary diagnosis being a MH diagnosis with SA being secondary. The programs in this area that will treat this problem usually are the recipients of grant money that prohibits their accepting patients with TennCare due to "double dipping" funding issues. On occasion, these programs will offer a pro bono bed to the Court for an appropriate child. Those are few and far between and are quickly utilized.
MR/DD Issues	We get some MR & DD youth in desperation by parents, because community resources did not exist or were inadequate.
	Youth with MR/DD tend to fall through the cracks so few facilities are available to provide these services.
	We are not equipped or trained in handling issues for students with MR/DD.
	Placements for the youth with MR/DD that present to this Court who have mental retardation or other developmental disabilities are problematic. There is no TennCare funded facility in this area that is willing to accept the level of delinquency coupled with the MR/DD problem. These youth are frequently sex offenders or offenders that would require a "sub-acute" type placement. The sex offenders are difficult to place due to the limited number of available beds that are equipped to deal with MR sex offenders. The MR delinquent offender is typically difficult to place due to the limited available beds that are equipped to deal with the behavior and the low functioning of the child. The "sub-acute" type child usually bounces from the corrective setting to the acute setting, disrupting both types of those programs since there is no "sub-acute" facility in this area that is willing to accept TennCare. These youth most often come into the custody of the DCS after this Court has unsuccessfully attempted to deal with their issues and access appropriate treatment.
Communication and Coordination Issues	There needs to be more communication between schools and facilities and more specialized care.
	When court orders services, there is no one to oversee the plan to see that it is carried out. Parents do not follow through on their own.
	Youth with medical/physical problems (and possibly with co-occurring MH, SA, or MR problems)
	No follow-ups. Do not have the juvenile justice staff for these duties.
	Many juveniles, who begin mental health treatment at our facility, are not being treated when they leave.
Mental Health Issues	The number of youth with MH problems is high. Need more training on how to approach and make it easier to deal with issues.

	We need more services that are geared toward the mental health of the child and also the child's family. We need more treatment options.
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**Q15 What are the top 3 types of services that you need in your community to better meet the mental health and/or substance abuse needs of the youth you serve?**

- Evaluation and assessment
  - To link youth with services appropriate to their needs
  - Timely assessment
- Outpatient services
  - More accessible
  - Within acceptable time frames
  - A&D programs
  - Sex offender therapy
  - Intensive outpatient treatment
  - Professionals in rural communities
  - Cognitive/behavioral therapy focusing on acting out behavior and reducing criminal thinking
  - Family therapy
  - Anger management
  - Support groups:
    - Weight loss, smoking cessation
    - Social skills/socialization
    - Alcohol, drug
- Inpatient/residential services
  - In general, and for youth with co-occurring disorders
- Education/prevention services
  - Substance abuse prevention
  - Public awareness about "meth"
  - Adult living skills for youth
- Follow-up after leaving the juvenile justice facility
  - Aftercare services with accountability for attending
  - Increased supervision

**16a. Is there any change in the number of youth in your facility with the following problems as opposed to 5 years ago?**

% reporting increase	JDC	THR	YCF	JCCO/ RMHI	Other	Total
Mental health problems	50%	38%	50%	0%	100%	47%
SA problems	56%	50%	60%	25%	50%	51%
MR/DD problems	19%	38%	0%	50%	50%	27%
Co-occurring disorders	25%	13%	20%	25%	50%	24%

**17. Number of youth on the selected one-day facility census**

Facility Type	Mean Number of Youth	# Facilities	Std. Deviation	Range
JDC	20.67	18	23.372	4-101
THR	3.00	8	2.828	0-7
YCF	113.00	6	50.379	15-152
JCCO/RMHI	6.75	4	4.113	2-12
Other facility	26.25	4	10.046	13-35
Total	30.15	40	43.364	0-152

# Appendix 5

## *Survey Summary: Youth Information*

### Appendix 5A: Demographic Characteristics of Youth in One Day Census

	# Youth	Gender (% Male)	Gender (% Female)	Race (% African American)	Race (% White)	Race (% Hispanic)	Race (% Asian)	Race (% Other)
<b>FACILITY TYPE</b>								
<b>JDC</b>	372	82.0%	18%	54.3%	41.7%	1.9%	1.3%	0.8%
<b>THR</b>	24	70.8%	29.2%	12.5%	87.5%	0%	0%	0%
<b>YCF</b>	687	96.7%	3.3%	56.8%	39.6%	1.6%	0.7%	1.3%
<b>JCCO/ RMHI</b>	27	92.6%	7.4%	44.4%	51.9%	0%	0%	3.7%
<b>Other</b>	105	43.8%	56.2%	79%	20%	0%	0%	1%
<b>MH REGION</b>								
<b>1. Upper East</b>	24	83.3%	16.7%	8.3%	91.7%	0%	0%	0%
<b>2. East</b>	228	92.5%	7.5%	17.5%	81.6%	0%	0%	0.9%
<b>3. Cumberland</b>	173	91.3%	8.7%	53.8%	44.5%	0.6%	0%	1.2%
<b>4. Davidson</b>	190	86.3%	13.7%	52.1%	40%	4.7%	1.1%	2.1%
<b>5. Middle TN</b>	92	83.7%	16.3%	40.2%	52.2%	3.3%	4.3%	0%
<b>6. West</b>	151	99.3%	0.7%	66.9%	31.8%	0%	0%	1.3%
<b>7. Shelby</b>	357	77.6%	22.4%	89.1%	7.3%	1.4%	1.1%	1.1%
<b>TOTAL</b>	1215	87% (1057)	13% (158)	56.8% (690)	39.8% (483)	1.5% (18)	0.8% (10)	1.2% (14)

## Appendix 5B: Mental Health, Substance Use, and Co-Occurring Problems Among Youth in One Day Census

	Reported MH	Any MH diagnosis listed	Any MH Meds	Any MH service	Suicide Watch	Probable MH	Reported SA	SA Diagnosis	Probable SA	Probable Co-Occurring
<b>FACILITY TYPE</b>										
<b>JDC</b>	12.6%	4.3%	6.7%	17.2%	1.6%	26.3%	26.3%	<1%	26.3%	7.8%
<b>THR</b>	--	--	--	--	--	--	79.2%	--	79.2%	0%
<b>YCF</b>	28.1%	22.6%	19.2%	59.4%	7.1%	66.2%	40%	3%	48.9%	42.2%
<b>JCCO/ RMHI</b>	51.9%	59.6%	29.6%	55.6%	48.1%	63%	11.1%	11%	14.8%	14.8%
<b>Other</b>	25.7%	63.8%	19%	13.3%	4.8%	70.5%	49.5%	11%	50. 5%	32.4%
<b>MH REGION</b>										
<b>1. Upper East</b>	45.8%	33.3%	12.5%	4.2%	4.2%	54.2%	41.7%	17%	41.7%	29.2%
<b>2. East</b>	32.5%	19.7%	12.3%	34.6%	13.2%	49.6%	43.9%	2%	46.9%	25%
<b>3. Cumberland</b>	46.2%	29.5%	34.7%	68.2%	2.3%	74.0%	68.2%	8%	68.8%	59%
<b>4. Davidson</b>	2.6%	3.7%	2.6%	44.7%	2.6%	45.8%	7.4%	2%	32.6%	26.8%
<b>5. Middle TN</b>	14.1%	6.5%	7.6%	6.5%	2.2%	17.4%	39.1%	1%	39.1%	7.6%
<b>6. West</b>	9.3%	26.5%	73.5%	5.3%	4.2%	80.1%	57.6%		58.3%	56.3%
<b>7. Shelby</b>	23.5%	26.9%	15.1%	28.3%	6.4%	46.5%	23%		24.6%	13.4%
<b>TOTAL</b>	23.1% (281)	20.8% (253)	15.2% (185)	41.2% (501)	6.0% (73)	53% (644)	36.8% (447)	3% (36)	42% (510)	29.4% (357)

### Appendix 5C: Reported Diagnostic/Problem Types Among Youth in One Day Census

	Any MH diagnosis listed	ADHD	Conduct Disorder	Depression/ Mood Disorder	Major Mental Illness	Other MH Dx	MR/DD	Sex Abuse Victim
<b>FACILITY TYPE</b>								
<b>JDC</b>	4.3%	1.6%	0.5%	1.1%	1.3%	--	1.3%	1.3%
<b>THR</b>	--	--	--%	--	--	--	--	--
<b>YCF</b>	22.6%	4.2%	8.2%	9.2%	1.6%	1.6%	2.8%	3.8%
<b>JCCO/ RMHI</b>	55.6%	25.9%	25.9%	--	11.1%	--%	3.7%	--
<b>Other</b>	63.8%	4.8%	39.0%	19.0%	3.8%	1.9%	1%	5.7%
<b>TOTAL</b>	20.8% (253)	3.9% (47)	8.7% (106)	7.2% (87)	1.9% (23)	1.0% (12)	2.1% (26)	3.0% (37)

### Appendix 5D: Psychiatric/Mental Health Medications Among Youth in One Day Census

	Stimulants	Anti-Depressants	Anti-Psychotics	Any MH Meds
<b>FACILITY TYPE</b>				
<b>JDC</b>	2.2%	4.3%	3%	6.7%
<b>THR</b>	--%	--%	--%	--%
<b>YCF</b>	4.1%	13.2%	6.6%	19.2%
<b>JCCO/ RMHI</b>	3.7%	18.5%	7.4%	29.6%
<b>Other</b>	1%	16.2%	3.8%	19%
<b>MH REGION</b>				
<b>1. Upper East</b>	0%	8.3%	4.2%	12.5%
<b>2. East</b>	3.1%	7%	3.9%	12.3%
<b>3. Cumberland</b>	8.7%	23.7%	15.6%	34.7%
<b>4. Davidson</b>	0%	2.6%	0%	2.6%
<b>5. Middle TN</b>	2.2%	3.3%	3.3%	7.6%
<b>6. West</b>	4.6%	11.9%	7.9%	18.5%
<b>7. Shelby</b>	2.0%	12.3%	2.8%	15.1%
<b>TOTAL</b>	3.1% (38)	10.6% (129)	5.1% (62)	15.2% (185)

# Appendix 6

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# Appendix 7

*Sample Juvenile Mental Health Court:  
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